

Building a high quality health service for a healthier Ireland

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Health Service

# Performance Report

## October - December 2016

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*Data used in this report refers to the latest performance information available at the time of publication*

# Key Performance Messages

## Health & Wellbeing

- The number of smokers receiving cessations support in 2016 exceeded its target of 11,500 by nearly 3,000 people, the end of year result was **14,475**.
- The Breastcheck screening uptake rate reported in September was **74.4%**, this was above the target of 70%.
- Diabetic RetinaScreen participation over 2016 was **88,807**, 1,800 ahead of expected activity.

## Community Intervention Teams (CITs)

- There were **2,510** referrals to CITs in December an increase in the service provided from the starting position of 2,026 in January.

## Emergency Care

- There were **1,362,014** emergency presentations year to date, an increase of **69,531** people (**5.4%**) against the expected activity.
- **79.5%** of patients waited 9 hours or less in December, with **64.3%** admitted or discharged within 6 hours. In November, **80.5%** of patients waited 9 hours or less, with **66.3%** admitted or discharged within 6 hours.
- **3,548** waited greater than 24 hours in December with **3,761** in November. **1,155** patients over 75 years were waiting greater than 24 hours in December.

## Inpatient, Daycase and Outpatient Waiting lists

- At the end of December there were **5,931** patients waiting greater than 15 months for inpatient/daycase procedures compared to **7,810** in November.
- Outpatient waiting lists over 15 months increased from **51,328** at the end of November to **53,334** in December.

## Delayed Discharges

- There was a reduction in the number of patients subject to delayed discharge in 2016 from **559** in January to **436** in December.

## Cancer Services

- **78.1%** of urgent breast cancer referrals were seen within 2 weeks in December, compared to **90.1%** in November (Target 95%).
- **84.6%** rapid access lung referrals were seen within 10 working days in December, compared to **84.5%** in November (Target 95%).
- **65.1%** rapid access prostate referrals were seen within 20 working days in December, an increase from November **46.7%** (Target 90%).

## Colonoscopy Services

- There were 34 breaches for urgent colonoscopy procedures in December. All patients were seen by the 19<sup>th</sup> January.
- 5,690 people, who in July were waiting over 12 months for a routine colonoscopy were provided with a service, reducing the numbers waiting over 12 months to 11 people in December.

## Home Care Services

- The number of Home Care packages provided increased from **15,406** in January to **16,354** in December.
- The number of Home Help hours provided in the month increased from **830,764** in January to **896,118** in December.

## Mental Health Services

- **96%** of people referred for an Adult Mental Health appointment were seen within 12 weeks (target >90%)
- **99%** of those referred to Mental Health Service for Older Persons were seen within 12 weeks (target >98%)

## Quality and Patient Safety

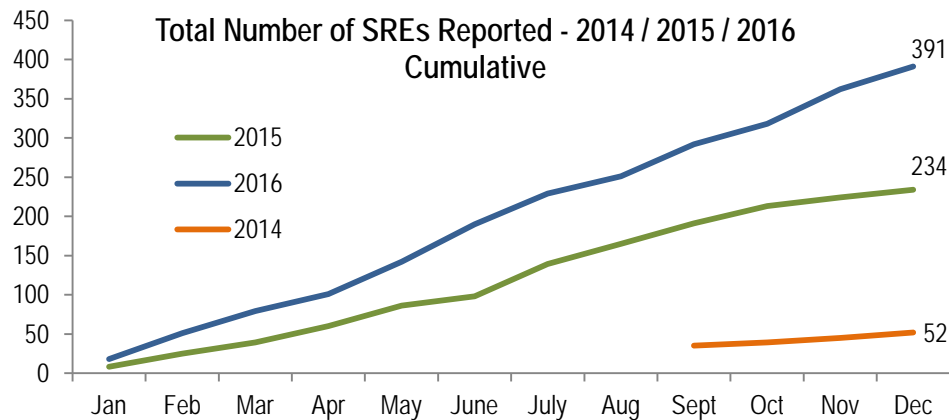
# Quality and Patient Safety

## National Incident Management Training

- **152** staff completed *Day 1* Systems Analysis Investigation training year to date. A further **121** staff completed *Day 2* and **78** staff completed the full *3 Day* programme.
- **155** staff have been trained in Safety Incident Management year to date.

## Serious Reportable Events – National

- The total number of SREs reported during December 2016 was **31** (391 year to date).



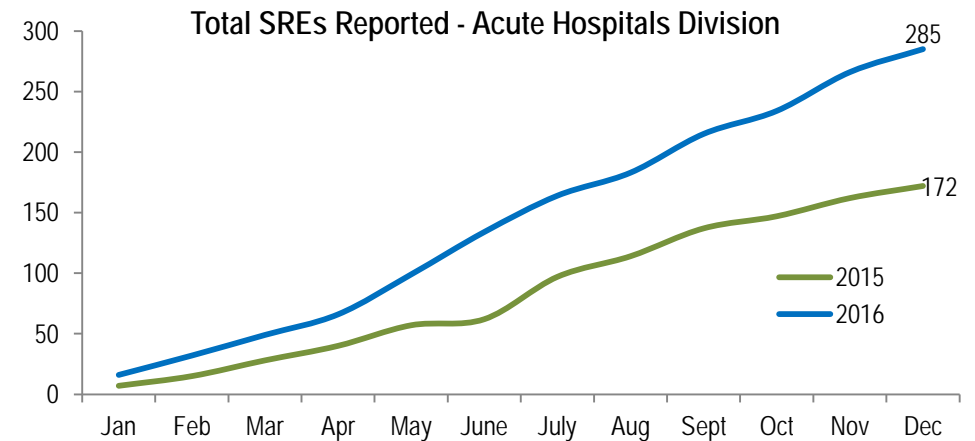
## Compliance

- **31%** of all Serious Reportable Events were notified within 24 hours to the Senior Accountable Officer in 2016.
- **137** SREs, which were reported during January - September 2016, were due to have Investigations completed by the end of 2016. 10% compliance has been reported. (up from 7% reported in November)

## Serious Reportable Events – HSE Divisions

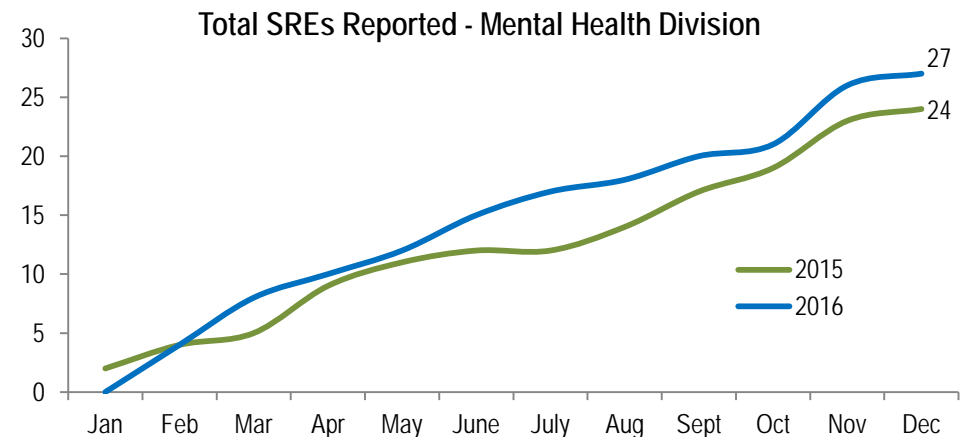
### Acute Hospitals Division

- The total number of SREs reported during December 2016 was **21**.



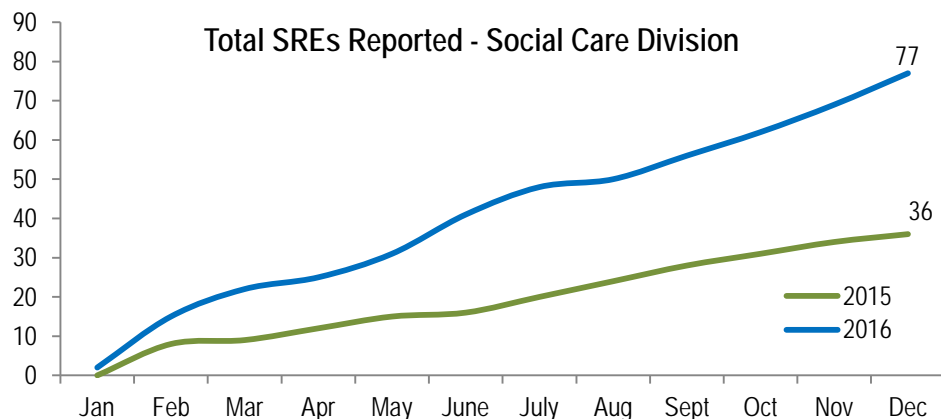
### Mental Health Division

- The total number of SREs reported during December 2016 was **1**.



## Social Care Division

- The total number of SREs reported during December 2016 was **8**.



## Other Divisions

- The total number of SREs reported by other Divisions during December 2016 was **1**.

## SRE Compliance (Cumulative 2016)

% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer

Division	Acute Hospitals	Social Care	Mental Health	Other	Total
% Compliance	32	21	52	50%	31%

## Healthcare Audit

- Audits Completed**  
**39** audits were completed at the end of December across five areas of health and social care services.
- Audits Ongoing**  
**18** audits are ongoing.

## Medical Exposure Radiation Unit (MERU)

- The recording, review and analysis of medical ionizing radiation incidents are on-going.
- 35** notifiable incidents have been reported to MERU during 2016.

## Complaints

- End of year Complaints Manager Governance and Learning Forum held, which included briefings on:
  - Confidential Recipient Role and Statistical data.
  - Service User / Patient Journey of the Your Service Your Say (YSYS) complaints process.
  - 3<sup>rd</sup> Quarter review of YSYS data.
  - Ombudsman Key Casebook Learning.
  - Healthcare Complaints Analysis Tool (HCAT) development

## Appeals Service

- 2, 579** new notifications of appeal were received in 2016.
- 2,616** appeals were processed in 2016.

Appeal Type	Received 2016	Processed 2016
Medical / GP Card (General Scheme)	1,672	1,707
Medical / GP Visit Card (>70s scheme)	111	117
Nursing Home Support Scheme	431	419
CSAR	39	46
Home Care Package	140	139
Home Help	93	82
Other	93	106
<b>Total</b>	<b>2,579</b>	<b>2,616</b>

# Operational Performance Overview

## Performance RAG Rating

Red ● > 10% of target  
Amber ● > 5% ≤ 10% of target  
Green ● ≤ 5% of target  
Grey ● No result expected

## Finance RAG Rating

Red ● 1.0% > of target  
Amber ● ≥ 0.33% < 1.0% of target  
Green ● < 0.33% of target

## HR – Absence

Red ● ≥ 4%  
Amber ● ≥ 3.7% < 4%  
Green ● < 3.7%

## HR – Indicative workforce

Red ● ≥ 1.5% of target  
Amber ● ≥ 0.5% < 1.5% of target  
Green ● < 0.5% of target

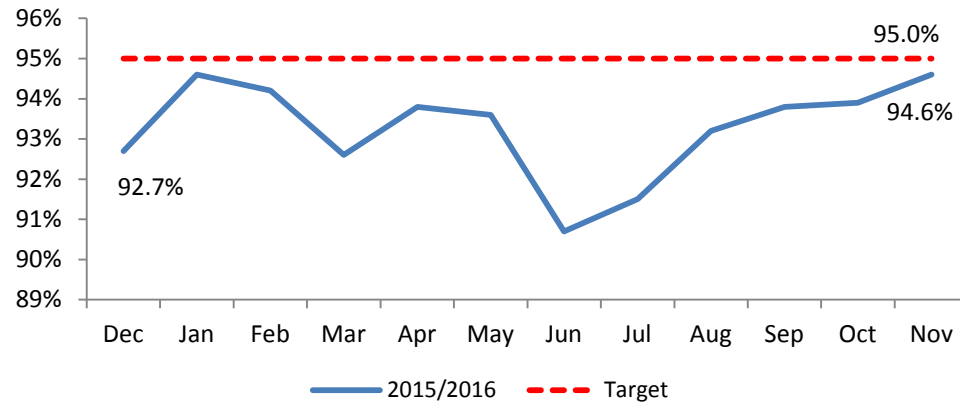
## Health and Wellbeing



# Child Health

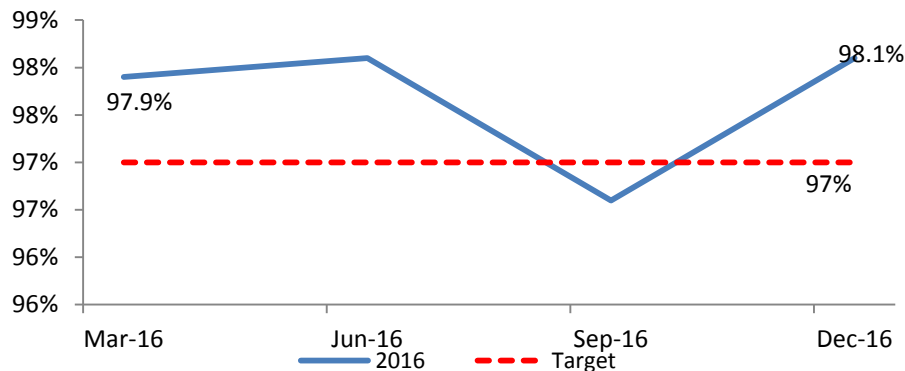
## Child development health screening (month in arrears)

- **94.6%** before 10 months. **93.9%** in October, **93.8%** in September. **93.3% YTD** (Target 95%)
- **Above target:** CHO 5 was above the target YTD and all other CHOs were within 5% of the target except CHO3 at 83.6% YTD



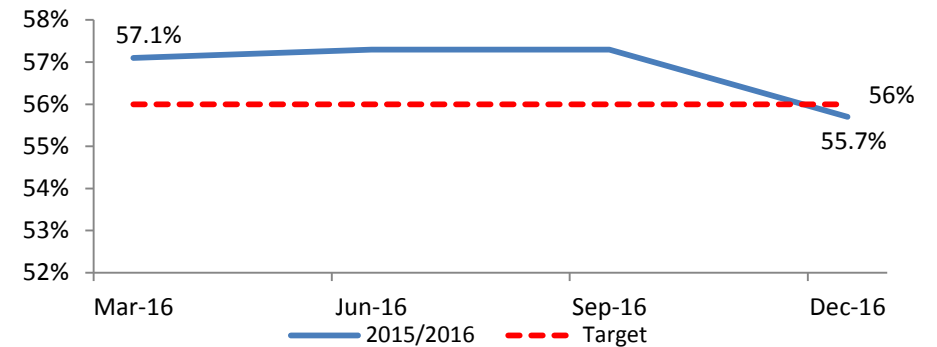
## % of babies visited by a PHN within 72 hours (Quarterly)

- **98.1%** visited within 72hrs. **96.6%** in Q3, **98.1%** in Q2 2016. (Target 97%)
- **97.7%** YTD all CHOs reported above 97% target except CHO's 1, 7 and 9 who reported 96.3% and 95.9% and 96.1% respectively



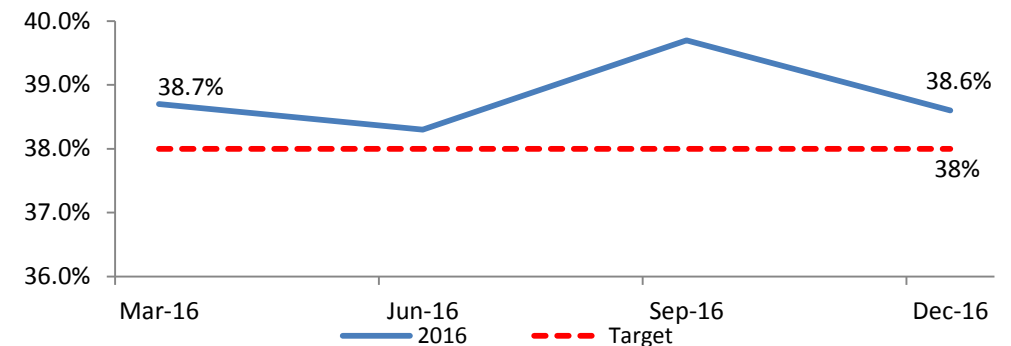
## % of babies breastfed at first PHN visit (Quarterly)

- **55.7%** breastfed at first visit. **57.3%** in Q3, **57.3%** in Q2 2016. (Target 56%)
- **56.8%** YTD, CHOs 1,2,3,7 and 8 reported below target, CHO1 the lowest at -21.4% and highest reported was CHO6 with 25% YTD.



## % of babies breastfed at 3 month PHN visit (Quarterly)

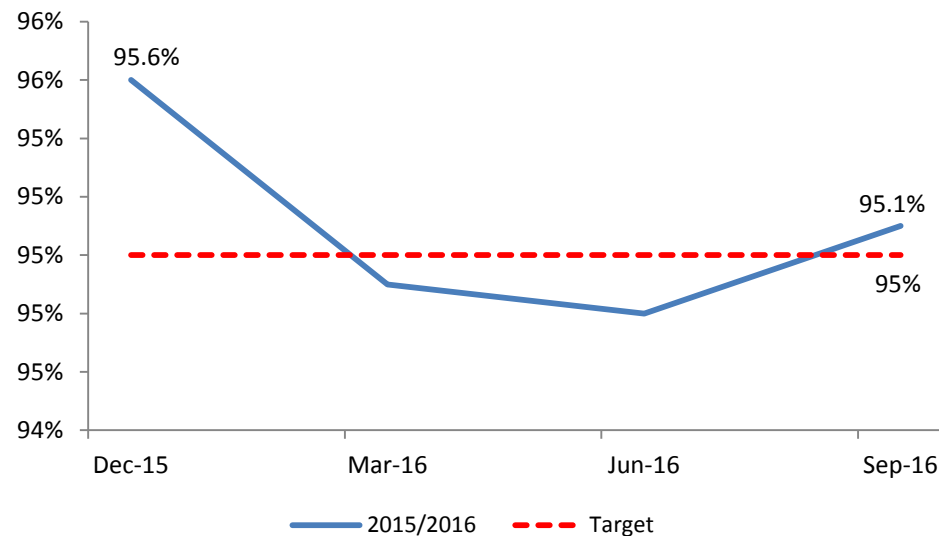
- **38.6%** breastfed at 3mth visit. **39.7%** in Q3, **38.3%** in Q2 2016. (Target 38%)
- **38.8%** YTD CHOs 1,2,3,7 and 8 reported below target, CHO1 the lowest at -35.5% YTD and highest reported was CHO4 with 41.3% YTD.



# Immunisations and Vaccines

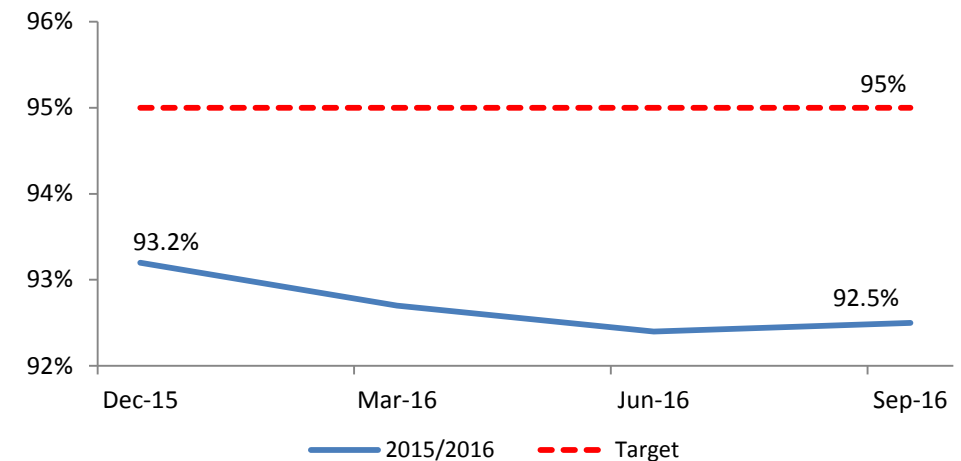
% of children aged 24mths who have received (6 in 1)  
(Quarterly in arrears)

- **95.1%** of children received the 6 in 1 vaccine. **94.8%** in Q2, **94.9%** in Q1 2016 (Target 95%)
- **95.0%** YTD CHO3, 6 and 9 reported below target YTD at 94.4%, 93.9%, and 92.0% respectively. CHO2 has the highest number vaccinated at 97.2%.



% of children aged 24 months who have received the  
Measles, Mumps, Rubella (MMR) vaccine (Quarterly in  
arrears)

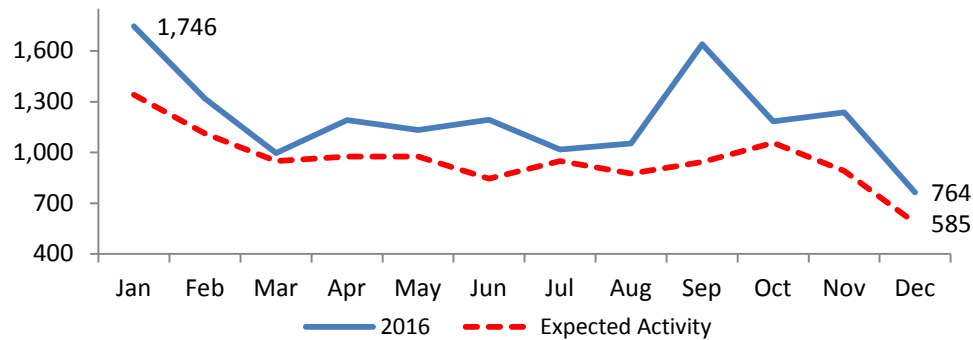
- **92.5%** of children received the MMR vaccine. **92.4%** in Q2, **92.7%** in Q1 2016 (Target 95%)
- **92.5%** YTD, all CHOs have performed below target YTD. The lowest reported result is CHO9 at 89.1%.



## Tobacco

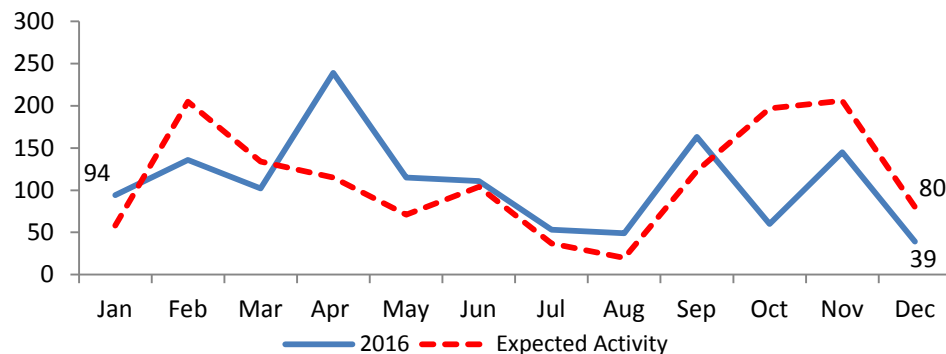
### Smokers receiving intensive cessation support

- **764** received support. **1,237** in November, **1,183** in October. (Expected Activity 585)
- **14,475** YTD, 25.9% ahead of the YTD target. (Expected Activity YTD 11,500). CHO 3 is below target at -57.0%. The National Quitline is performing above target at 78.5%.



### Frontline staff trained in brief intervention smoking cessation

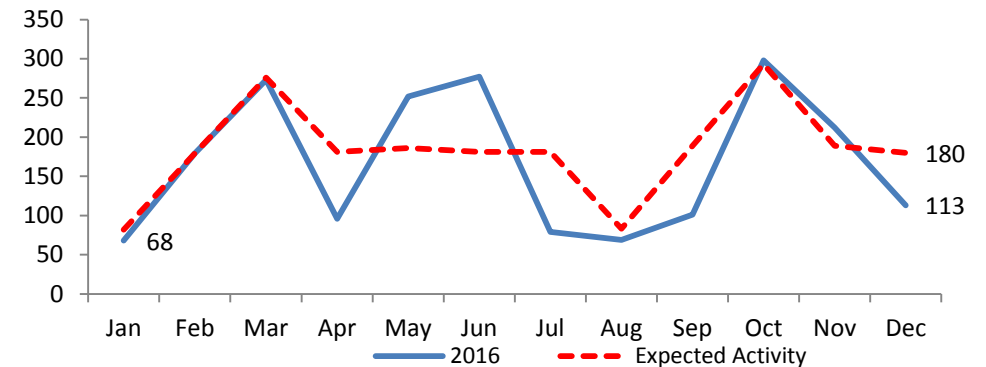
- **39** received training. **145** in November, **60** in October. (Expected Activity 80)
- **1,306** YTD, -3.3% below EA (Expected Activity YTD, 1,350). CHOs performing below target include CHOs 1, 5, 6, 7 and 8 at 0% variance. CHO5 reported the lowest performance at -57.6% below target.



## Healthy Eating Active Living

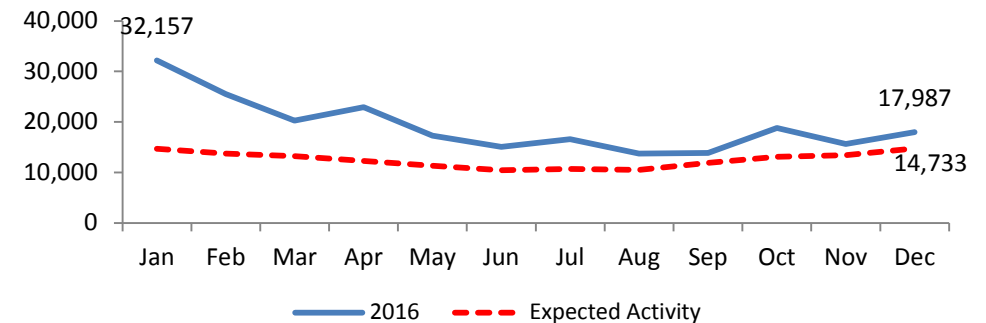
### No. of people completing a structured patient education programme for diabetes

- **113** people completed education programmes. **212** in November, **298** in October. (Expected Activity 180)
- **2,017** YTD, -8.3% below expected activity (Expected Activity YTD 2,200)



### No. of 5k Parkruns completed by the general public in community settings

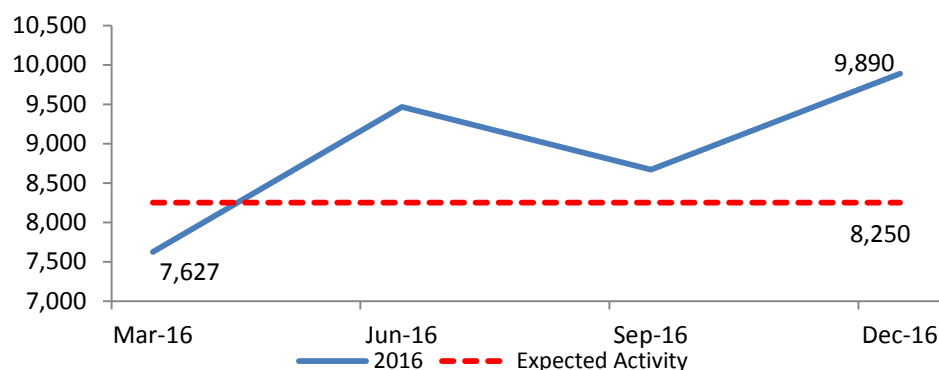
- **17,987** were completed. **15,607** in November, **18,785** in October. (Expected Activity 14,733)
- **229,726** YTD, 53.2% ahead of expected activity (Expected Activity YTD 150,000)



## Environmental Health

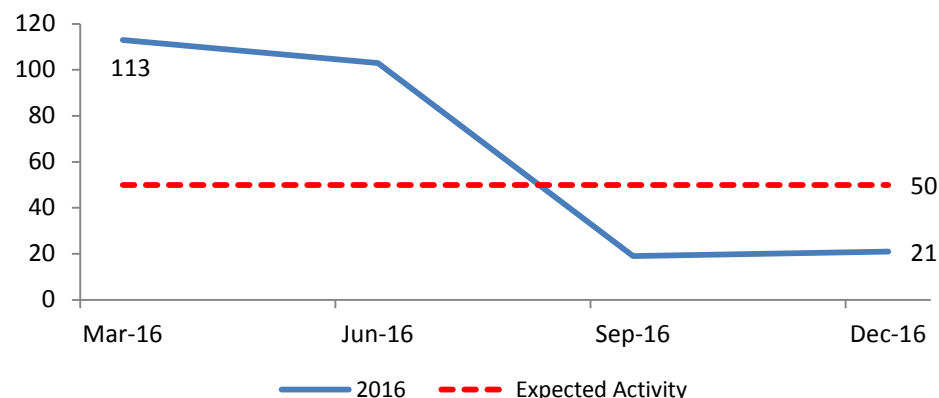
### Food control planned and planned surveillance inspections of food businesses (Quarterly)

- **9,890** inspections. **8,669** in Q3, **9,465** in Q2 2016 (Expected Activity 8,250)
- **35,651** YTD, +8.0% ahead of expected activity (Expected Activity YTD 33,000)



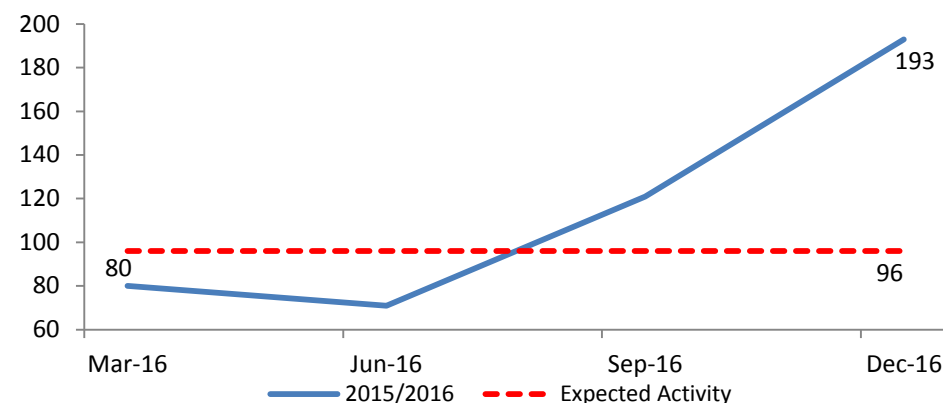
### Establishments inspected under Sunbeds Act Quarterly)

- **21** establishments inspected. **19** in Q3, **103** in Q2 2016 (Expected Activity 50)
- **256** YTD, +28.0.% ahead of expected activity (Expected Activity YTD 200)



### Tobacco sales to minors test purchase inspections (Quarterly)

- **193** test purchases. **121** in Q3, **71** in Q2 2016 (Expected Activity 96)
- **465** YTD, 21.1% ahead of expected activity (Expected Activity YTD 384)



## Screening Services

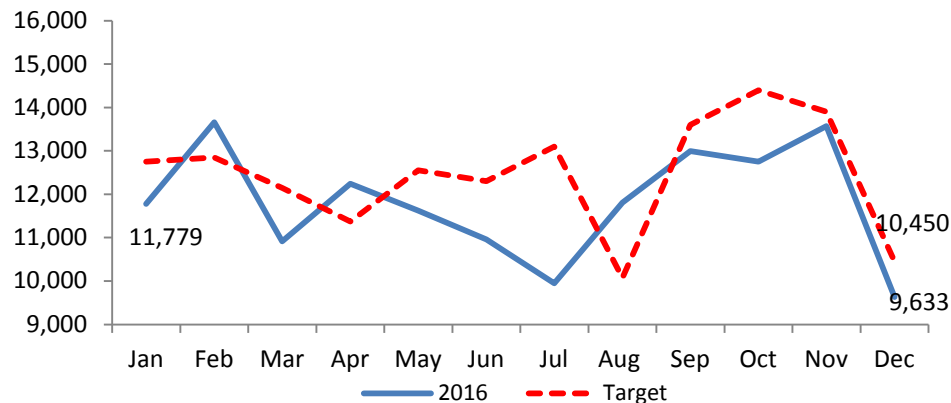
### National Screening uptake rates (Quarterly in arrears)

National Screening Service Uptake Rates	Expected Activity / Target	National YTD	% Var YTD
% BreastCheck screening uptake rate	>70%	74.4%	6.3%
% of client uptake rate in the BowelScreen programme	>43%	38.1%	-11.5%
% Diabetic RetinaScreen uptake rate	>56%	59.1%	5.5%

# Screening Services

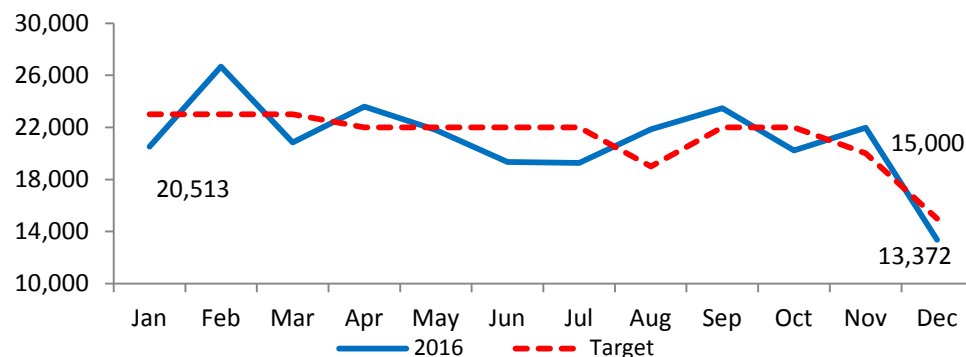
## BreastCheck

- **9,633** eligible women had a mammogram. **13,573** in November, **12,753** in October. (Expected Activity 10,450)
- **141,879** women YTD, -5.1% below expected activity (Expected Activity YTD 149,500)



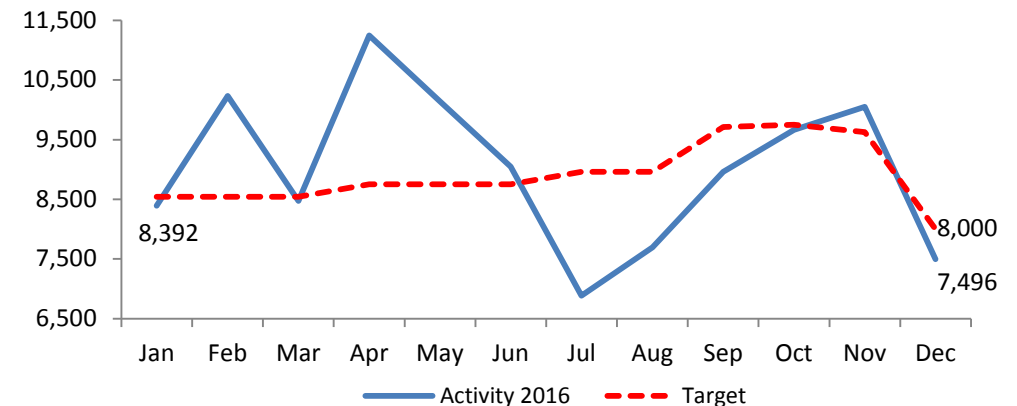
## CervicalCheck

- **13,372** women had CervicalCheck screening. **21,982** in November, **20,241** in October. (Expected Activity 15,000)
- **253,012** YTD, -0.8% below expected activity (Expected Activity YTD 255,000)



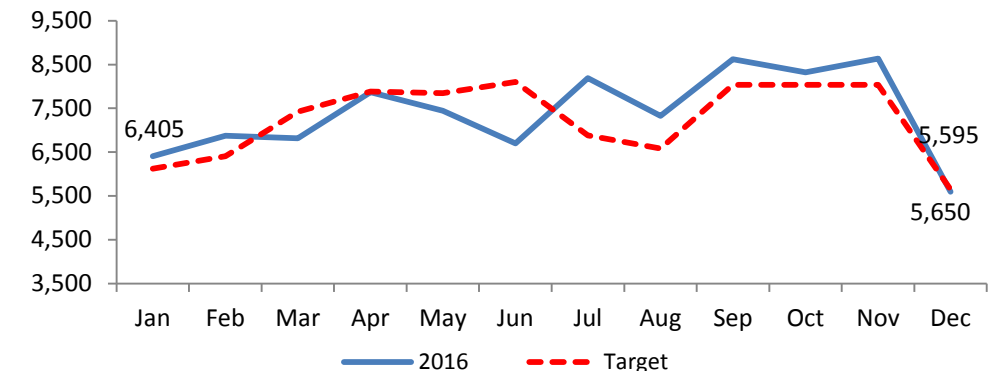
## BowelScreen

- **7,496** completed a satisfactory FIT test. **10,049** in November, **9,664** in October. (Expected Activity 8,000)
- **108,285** YTD, 1.3% above expected activity (Expected Activity YTD 106,875)



## Diabetic RetinaScreen

- **5,595** participated in Diabetic RetinaScreen. **8,635** in November, **8,321** in October. (Expected Activity 5,650)
- **88,807** YTD, 2.1% above expected activity (Expected Activity YTD 87,000)



# Health and Wellbeing Commentary

## Healthy Ireland

The implementation of Healthy Ireland (HI) in the Health Services continued to demonstrate strong progress. The Ireland East Hospital Group plan was launched by Minister Corcoran Kennedy on 21st December. Four of the six Hospital Groups have now launched and implemented their Healthy Ireland Plan and the DML Hospital Group have commenced the development of their HI plan.

Our division has begun working collaboratively with the newly appointed Heads of Health & Wellbeing in each of the CHOs and a schedule of monthly engagements with them has been agreed. The initial focus of this engagement is to determine optimal ways of working collaboratively to develop a HI implementation plan for each of the CHOs in 2017.

The “Making Every Contract Count” (MECC) framework has been progressed to final draft stage and a national framework for self-care management has been developed.

## National Screening Service

### CervicalCheck

The CervicalCheck programme reported coverage of 79.6% at the end of Q3 2016 (reported quarterly in arrears) versus its target of >80%. Programme coverage in the younger age cohort 25-29 remains high at over 85% while the older age cohort 55-59 remains below 70%.

The European Cervical Cancer Prevention Week is taking place from 22nd January until 28th January. This campaign will encourage all women aged 25 to 60 to check when their next free smear test is due, or arrange their first test if they have not already done so, and to share the wisdom among family and friends.

### BreastCheck

The uptake rate for the BreastCheck Programme is currently ahead of its expected target YTD. However, there are on-going challenges around the recruitment and retention of Radiography staff to deliver current

cohort and age extension screening targets. Consequently, screening targets have not been met. An improvement plan is being developed for the National Director which will address such areas as recruitment. Saturday clinics continue in the BreastCheck Eccles Unit to support the achievement of screening targets and to address any accumulations of clients for screening.

### BowelScreen

Whilst the number of clients who have completed a satisfactory Bowelscreen (FIT) test is ahead of expected activity, the programmes uptake rate is behind target. BowelScreen has developed advertising plans for 2017 to improve uptake among the eligible population in 2017 including the targeting of new strategic partners such as the Irish Cancer Society who are interested in collaborating with the National Screening Service on important research areas such as uptake and the barriers to participation.

### Diabetic RetinaScreen

Diabetic RetinaScreen has performed very strongly in 2016, exceeding all its KPI targets.

## Child Health Developmental Screening

Nationally, the majority of CHOs continue to demonstrate strong performances with 93.3% (target 95%) of children having their child development health screening on time during the reporting period. When compared to the same period last year, overall performance has remained relatively stable.

At CHO level, CHO 5 is above target YTD with CHOs 1, 2, 4, 6, 7, 8 and 9 all performing within 2% of target. CHO 3 is performing at 83.6% YTD and the Chief Officer set out a plan to improve performance by Q4 2016. Consequently CHO 3 has reported an improvement of +6.9% when November is compared to October and this performance trend will continue to be monitored throughout 2017.

### % Babies visited by a PHN within 72 hours

Nationally, 97.7% of babies were visited by a PHN within 72 hours. The majority of CHOs are performing above target YTD (target 97%) with the exception of CHO1, CHO3, CHO7 and CHO9 who are reporting activity ≤ 2% below target YTD. CHO7 performance has improved significantly from 93.7% in September 2016 to 97% in December 2016.

### % Babies Breastfed at 1st and 3 month PHN visit

Nationally, YTD 56.8% of babies were breastfed at 1st PHN visit and 38.8% were still breastfed at the 3 month PHN visit, an increase of +2.1% and +3.4% respectively when compared with the same period last year. The expected performance improvement trajectory in 2016 was +2% at 1st and 3 month visits. Nationally, uptake rates are ahead of target by +0.8% and +0.8% respectively.

At CHO level, breastfeeding uptake rates vary. CHO areas 4, 6 and 9 continue to be strong performers at both 1<sup>st</sup> and 3 month visits. There are significant declines in performance between the 1st and 3 month PHN visits in CHO 1 and 3 and both areas are planning to improve this performance in 2017.

### Health Promotion – Tobacco

Smokers receiving cessation support continues to perform well at +21.1% above target. The number of frontline staff trained in brief intervention smoking cessation varies significantly across the areas. The national uptake rates are performing at -3.3% below target. Regular engagement with the underperforming CHOs continues to encourage the local areas to move towards the achievement of their targets.

### Immunisations

Nationally the uptake rate for 6in1 at 24 months is very good at 95% (target 95%) for Q3 2016 (reported quarterly in arrears). CHOs 1, 2, 4, 5, 7, 8 are exceeding the target and the CHOs 3, 6, 9 are within 5% of target for the reporting period.

Nationally the uptake rate for MMR at 24 months is 92.5% (target 95%) for Q3 2016 (reported quarterly in arrears). Performance varies with CHOs 1, 2, 3, 4, 5, 6, 7 and 8 all within 5% of target whereas CHO 9 is performing at 89.1% for the period and this matter is being followed up.

### Environmental Health

35,651 inspections of food businesses were carried out in 2016 which is +8% above the target of 33,000 inspections for the year. YTD tobacco test purchase inspections have exceeded target by 21.1% for 2016. Sunbed inspection activity is +28% ahead of target (200 establishments) with 256 establishments inspected this year.

### Healthy Eating Active Living

229,726 Parkruns were completed in 2016. This includes approximately 110,000 individuals running to date. In 2016 the Parkrun initiative has seen the weekly 5km events becoming part of the local communities, and a successful way to support local people to achieve their 30 minutes of moderate physical activity on 5 days of the week as outlined in the National Physical Activity Guidelines for adults.

We have commenced the establishing of the Junior Parkrun Network with three already underway in Ballina, Albert Park and Rush Co. Dublin. Parkrun continues to expand its network with 55 adult Parkruns and further being developed on a regular basis.



# Health and Wellbeing Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Reportable Events</b>															
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	NA												
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	NA												
	<b>Service User Experience</b>															
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>1</sup>	Q	75%	79%	5.3%									84%	74%	78%
	<b>National Screening Service</b>															
	Cervicalcheck: % urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	M <sup>2</sup>	>90%	100%	11.1%									100%	100%	**3
	<b>Public Health – Immunisation</b>															
	% children aged 24 months who have received 3 doses of the 6 in 1 vaccine	Q in arrears	95%	95.0%	-0.1%	95.4%	97.2%	94.4%	95.5%	95.2%	93.9%	95.4%	95.9%	92.0%	94.8%	95.1%
	% children aged 24 months who have received the MMR vaccine	Q in arrears	95%	92.5%	-2.6%	92.9%	94.9%	92.4%	92.9%	93.3%	91.9%	92.9%	93.3%	89.1%	92.4%	92.5%
	<b>Health Promotion and Improvement</b>															
	% of smokers on cessation programmes who were quit at one month	Q in arrears	45%	48.9%	8.7%									49.4%	47.8%	
	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services "ii"	Q	97%	97.7%	0.7%	96.3%	99.4%	96.9%	99.8%	100.5%	98.2%	95.9%	97.1%	96.1%	98.1%	98.1%
	<b>Public Health</b>															
	% of children reaching 10 months within the reporting period who have had a child developmental health screening on time or before reaching 10 months of age	M in arrears	95%	93.3%	-1.8%	94.8%	94.1%	83.6%	94.2%	95.2%	94.5%	93.2%	94.8%	93.2%	93.8%	93.9%

<sup>1</sup> This covers all Community Healthcare

<sup>2</sup> Note: The reporting frequency has moved from month in arrears to monthly as and from August 2016

<sup>3</sup> Note: no urgent cases this month



		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9		Current (-2)	Current (-1)	Current
Access	Health Promotion and Improvement - Tobacco																	
	No. of smokers who received intensive cessation support from a cessation counsellor <sup>4</sup>	M	11,500	14,475	25.9%	2,032	267	169	1,025	322	806	2,123	1,138	1,684		1,183	1,237	764
Finance	Budget Management including savings - Net Expenditure variance from plan (within budget Finance 0.33%)																	
	- % variance - from budget	M	€195,494	€184,223	-5.77%											-5.23%	-5.73%	-5.77%
	- % variance - Pay (Direct)	M	€97,135	€89,495	-7.87%											-7.71%	-7.02%	-7.87%
	- % variance - Pay (Agency)	M	€241	€200	-16.72%											-36.15%	-26.86%	-16.72%
	- % variance - Pay (Overtime)	M	€245	€421	71.71%											47.31%	63.16%	71.71%
	- % variance - Non Pay	M	€104,166	€100,721	-3.31%											-2.42%	-4.12%	-3.31%
	- % variance – Income	M	-€17,500	-€5,448	-68.87%											1.72%	-71.41%	-68.87%
	Service Arrangements																	
	No and % of Service Arrangements signed (23/12/16)	M	100%	151 99.34%	0.66%											96.71%	99.34%	99.34%
€ value and % of Service Arrangements signed (23/12/16)	M	100%	10,734 99.91%	0.09%											98.11%	99.91%	99.91%	
HR	% Absence																	
	Overall	M in arrears	3.50%	4.14%	-18.28%											3.46%	3.86%	
	Medical/Dental			0.04%	98.85%										0.00%	0.00%		
	Nursing			0.58%	83.42%										0.00%	0.46%		
	Health and Social Care Professional			4.34%	-24.00%										3.45%	4.04%		
	Management/Admin			4.62%	-32.00%										3.92%	4.27%		
	General Support staff			3.06%	12.57%										2.58%	2.58%		
	Other Patient and Client staff			3.60%	-2.85%										6.84%	11.93%		
	Staffing Levels and Costs																	
WTE change from previous month	M		1,378	-1											28	-4	-1	
Variance from funding staffing thresholds	M	0.50%	Data not yet available															

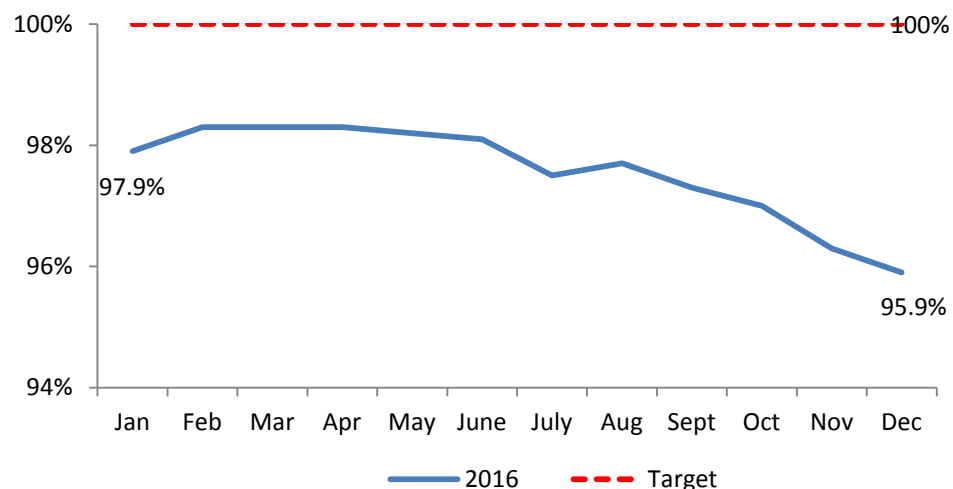
<sup>4</sup> Tobacco Cessation: National quitline 4,909  
Health Service Performance Report October - December 2016

## Primary Care

# Therapy Waiting Lists

## Physiotherapy Assessment Waiting List

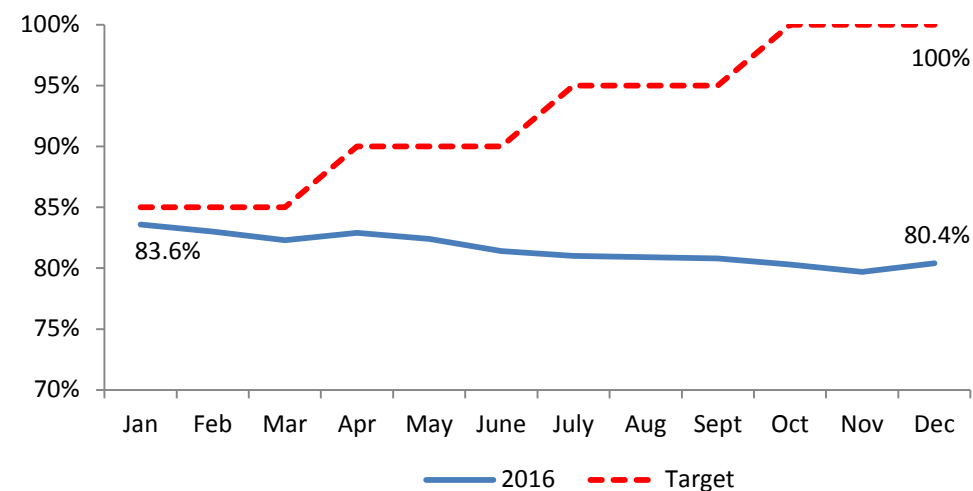
- **95.9%** waiting  $\leq$  **52 weeks**. **96.3%** in November, **97.0%** in October (Target 100%)
- **Above target:** CHO4 & CHO 6 (100%)
- **Below target:** CHO1 (96.5%), CHO2 (87.5%) & CHO3 (91.5%)



Physiotherapy Assessment W/L	Oct	Nov	Dec
$\leq$ 12 weeks	20,394	20,070	18,799
>12 weeks $\leq$ 26 weeks	7,080	7,077	8,195
>26 weeks $\leq$ 39 weeks	2,773	2,805	3,231
>39 weeks $\leq$ 52 weeks	939	1,036	1,299
> 52 weeks	974	1,195	1,336
<b>Total</b>	<b>32,160</b>	<b>32,183</b>	<b>32,860</b>

## Occupational Therapy Assessment Waiting List

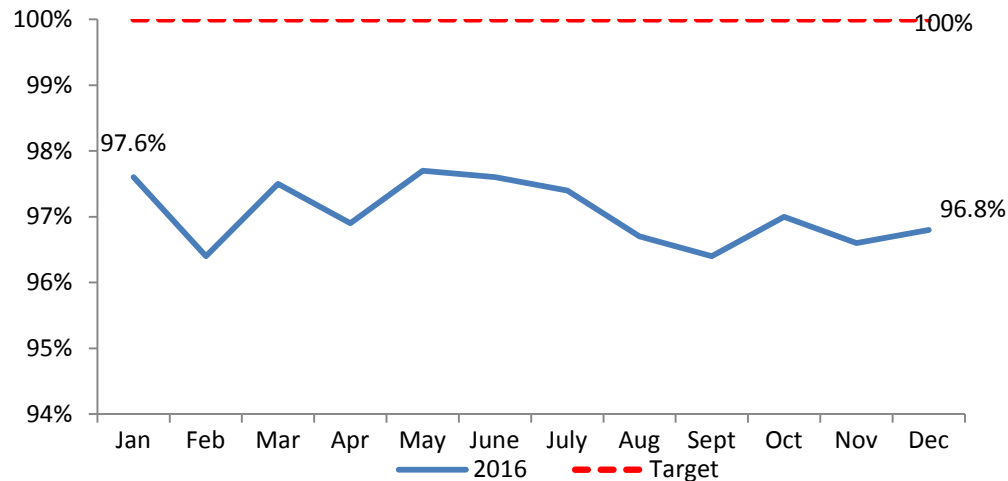
- **80.4%** waiting  $\leq$  **52 weeks**. **79.7%** in November, **80.3%** in October (Q4 Target 100%)
- **Below target:** CHO4 (69.9%), CHO5 (76.4%) & CHO8 (76.4%)
- Data gap: CHO 9 (1 LHO)



OT Assessment W/L	Oct	Nov	Dec
$\leq$ 12 weeks	8,502	8,974	8,491
>12 weeks $\leq$ 26 weeks	6,545	6,597	6,354
>26 weeks $\leq$ 39 weeks	3,986	4,081	4,203
>39 weeks $\leq$ 52 weeks	2,424	2,697	2,635
> 52 weeks	5,269	5,677	5,279
<b>Total</b>	<b>26,726</b>	<b>28,008</b>	<b>26,962</b>

## Speech and Language Therapy Assessment Waiting List

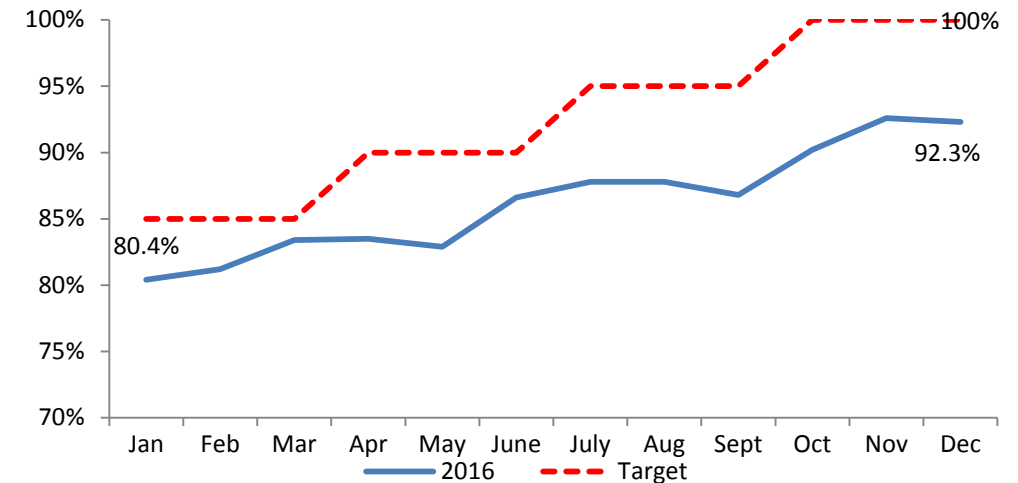
- **96.8%** waiting  $\leq 52$  weeks. **96.6%** in November, **97.0%** in October (Target 100%)
- **Above target:** CHO1 (100%)
- **Below target:** CHO2 (91.5%), CHO4 (94%) & CHO7 (93%)



SLT Assessment W/L	Oct	Nov	Dec
$\leq 52$ weeks	13,312	13,862	13,801
$> 52$ weeks	414	481	456
<b>Total</b>	<b>13,726</b>	<b>14,343</b>	<b>14,257</b>

## Speech and Language Therapy Treatment Waiting List

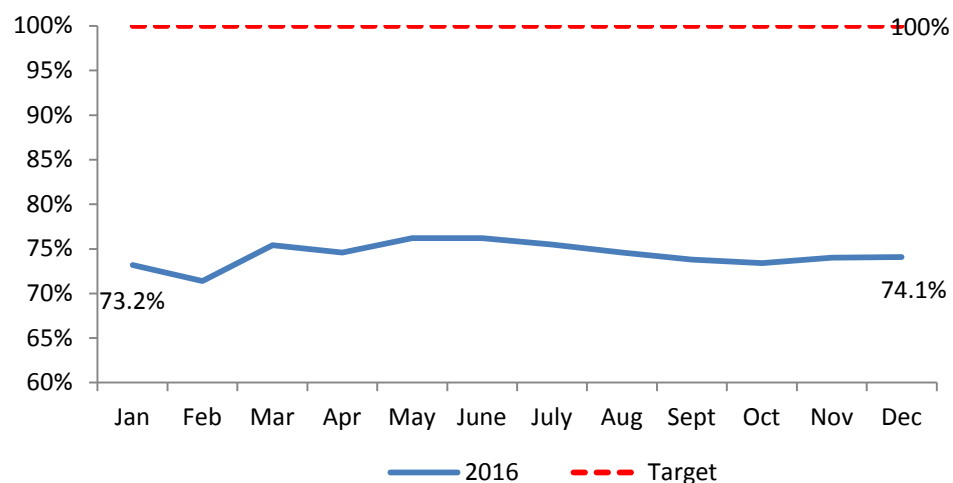
- **92.3%** waiting  $\leq 52$  weeks. **92.6%** in November, **90.2%** in October (Q4 Target 100%)
- **Above target:** CHO1 (100%) CHO6 (100%) & CHO9 (100%)
- **Below target:** CHO2 (92.5%), CHO5 (81.9%) & CHO7 (91.9%)



SLT Treatment W/L	Oct	Nov	Dec
$\leq 52$ weeks	7,434	7,502	7,411
$> 52$ weeks	811	602	621
<b>Total</b>	<b>8,245</b>	<b>8,104</b>	<b>8,032</b>

## Psychology Treatment Waiting List

- **74.1%** waiting  $\leq$  **52 weeks**. **74%** in November, **73.4%** in October (Target 100%)
- **Above target:** CHO6 (100%)
- **Below target:** CHO2 (61.8%), CHO3 (53.4%) & CHO4 (56.6%)
- Data gap: CHO 2 (1 LHO)

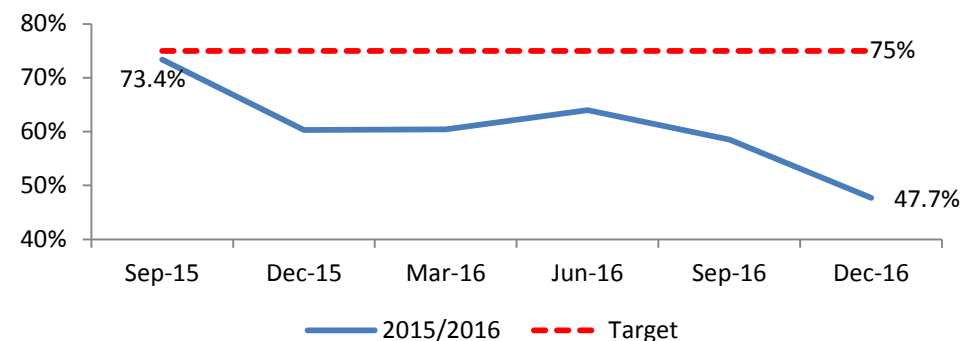


Psychology Treatment W/L	Oct	Nov	Dec
$\leq$ 12 weeks	1,846	2,007	1,804
>12 weeks $\leq$ 26 weeks	1,478	1,263	1,549
>26 weeks $\leq$ 39 weeks	1,219	1,031	1,035
>39 weeks $\leq$ 52 weeks	671	654	752
> 52 weeks	1,889	1,743	1,792
<b>Total</b>	<b>7,103</b>	<b>6,698</b>	<b>6,932</b>

## Orthodontics

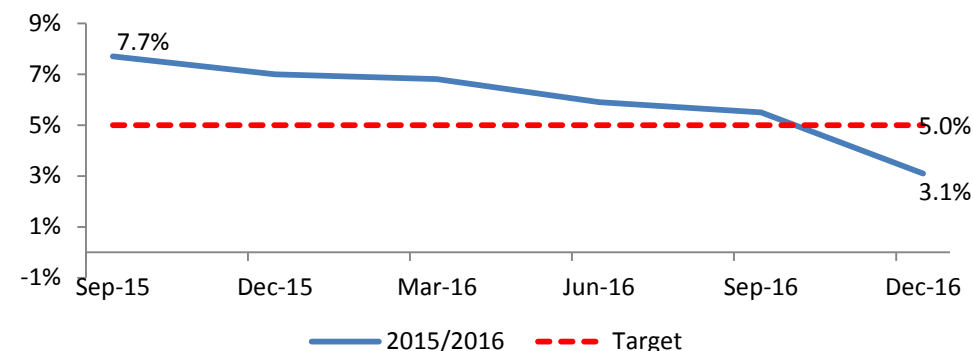
% of Referrals seen for assessment within 6 months (Quarterly)

- **1,626 (47.7%)** in Q4, **1,796 (58.5%)** in Q3 (Target **75%**)
- **Above target:** DNE (100%)
- **Below target:** DML (51.7%), South (26.6%) and West (24.4%)



Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V) (Quarterly)

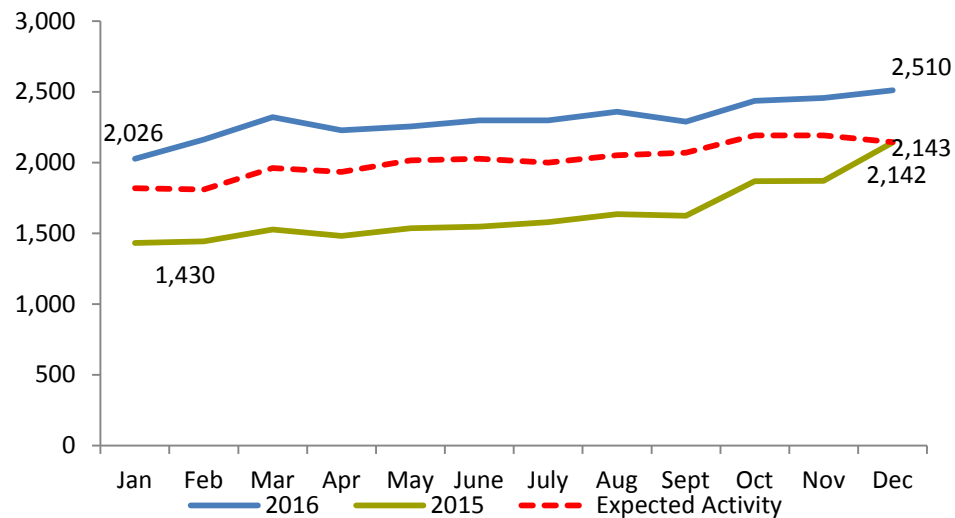
- **530 (3.1%)** in Q4, **936 (5.5%)** in Q3 (Target **<5%**)
- **Above target:** DML (5.4%) & DNE (7.4%)
- **Below target:** South (1.2%) & West (0.4%)



## Community Intervention Teams (CITs)

### Number of referrals

- **2,510** in December, **2,456** in November. **2,436** in October (Expected Activity 2,143)
- **27,633** YTD (Expected Activity YTD 24,202)
- **Above target:** CHO2 (14.7%) & CHO4 (121.6%)

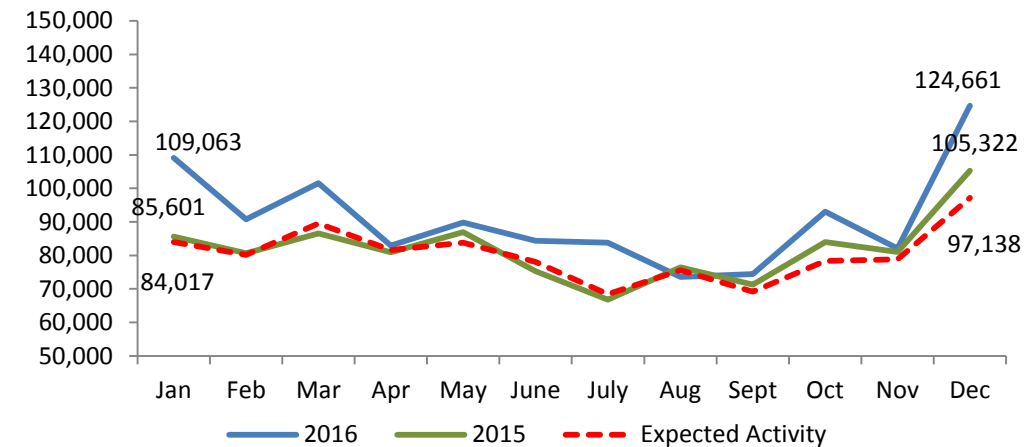


CITs	Oct	Nov	Dec
Admission Avoidance	62	58	55
Hospital Avoidance	1,825	1,962	1,997
Early Discharge	375	329	336
Unscheduled referrals from community sources	174	107	122
<b>National</b>	<b>2,436</b>	<b>2,456</b>	<b>2,510</b>

## GP Out of Hours Services

### No. of contacts with GP Out of Hours Services

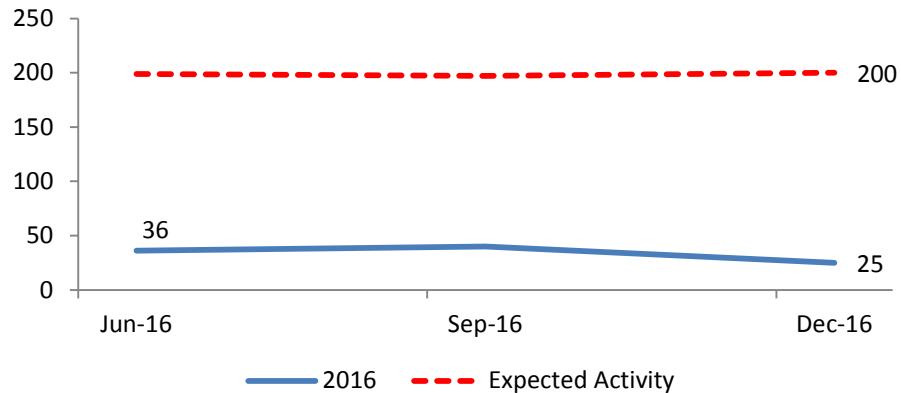
- **124,661** in December, **82,099** in November. **93,094** in October (Expected Activity 97,138)
- **1,090,348** YTD (Expected Activity YTD 964,770)
- **Above target:** CareDoc (24%), MIDoc (15.9%) and SouthDoc (15%)
- CareDoc commenced new service in Sligo on 7<sup>th</sup> February, 2016



## Health Amendment Act: Services to Persons with State acquired Hepatitis C

No. of patients who were reviewed (Quarterly)

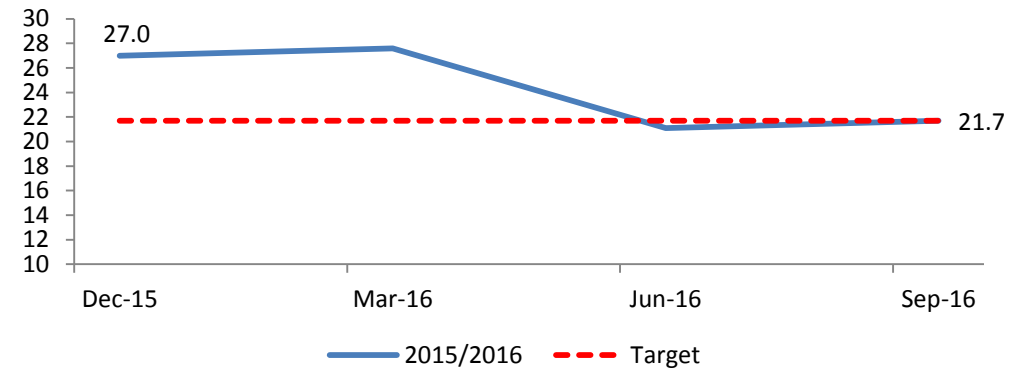
- **25** in Q4, **40** in Q3 2016. **183** YTD (Expected Activity YTD **798**)



## Healthcare Associated Infections: Medication Management

Consumption of antibiotics in community settings (defined daily doses per 1,000 population) (Quarterly in arrears)

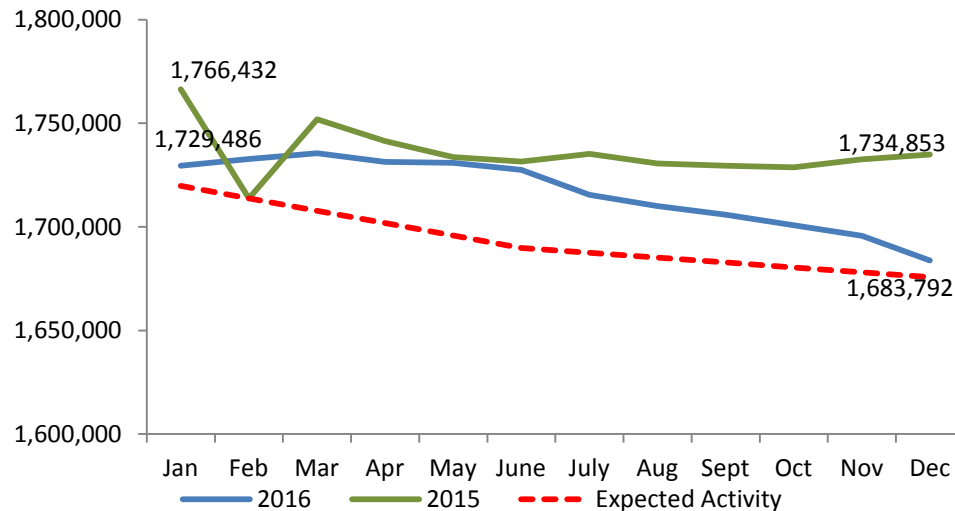
- **21.7** in Q3, **21.1** in Q2 2016 (Target **<21.7**)



# Medical Cards/GP Visit Cards

## Number of Persons covered by Medical Cards

- **1,683,792** people are covered, **1,695,680** in November, **1,700,803** in October (Expected Activity 1,675,767)
- Of these, **116,362** are covered by a discretionary medical card

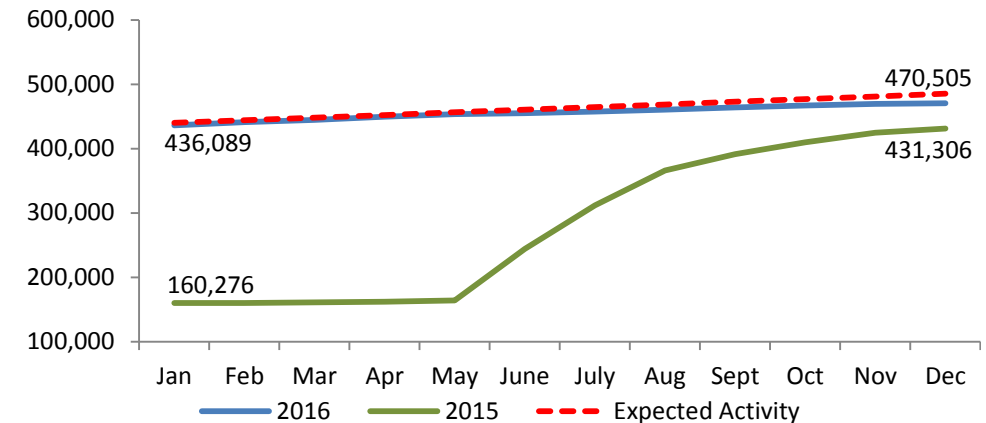


## Medical Card/GP Visit Card applications

- **89.6%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).
- **34.4%** of Medical Card / GP visit card applications, assigned for Medical Officer Review, **processed within 5 days** has not met the target (Target 90%).
- **87.6%** of Medical Card Applications were accurately processed by the National Medical Card Unit staff (Target 95%). (Note: based on a sample of 5-10% of all applications processed which included a check of all applications processed by new staff members and therefore a higher % error rate was noted).

## Number of persons covered by GP Visit Cards

- **470,505** people are covered, **469,628** in November, **467,001** in October (Expected Activity 485,192)
- Of these, **45,260** are covered by a discretionary GP Visit card



- **94.1%** processed without financial error in December 2016. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

## Under 6 GP Visit Cards

- Became available on 1st July 2015
- **271,626** people are currently covered as at 1<sup>st</sup> January, 2017

## Over 70s GP Visit Cards

- Became available on 1st August 2015
- **91,518** people are currently covered as at 1<sup>st</sup> January, 2017



## Social Inclusion

### Traveller Health

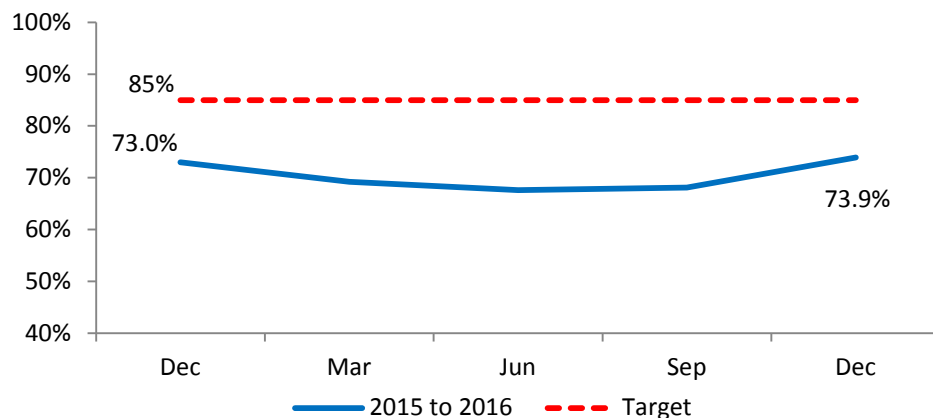
#### Awareness of type 2 Diabetes & Cardiovascular health (Quarterly)

- **4,778** in Q4, **3,252** in Q3 (Target **3,470**)
- **Above target:** CHO1 266.9%, CHO2 16.0%, CHO4 215.3% CHO5 106.6%, CHO9 45.1%
- **Below target:** CHO 3,6,7,& 8
- A review of these metrics and associated processes is currently being progressed by the National Social Inclusion Office

### Homeless services

#### Admitted and assessed as part of HNA within 2 weeks (Quarterly)

- **73.9%** in Q4, **68.1%** in Q3 (Target **85%**)
- **Above target:** CHO2 94.5%, CHO5 85.3%, CHO6 88.2%
- **Below target:** CHO1, 3, 4, 7 & 8
- Data gap: CHO 8 (1 LHO) and CHO 9

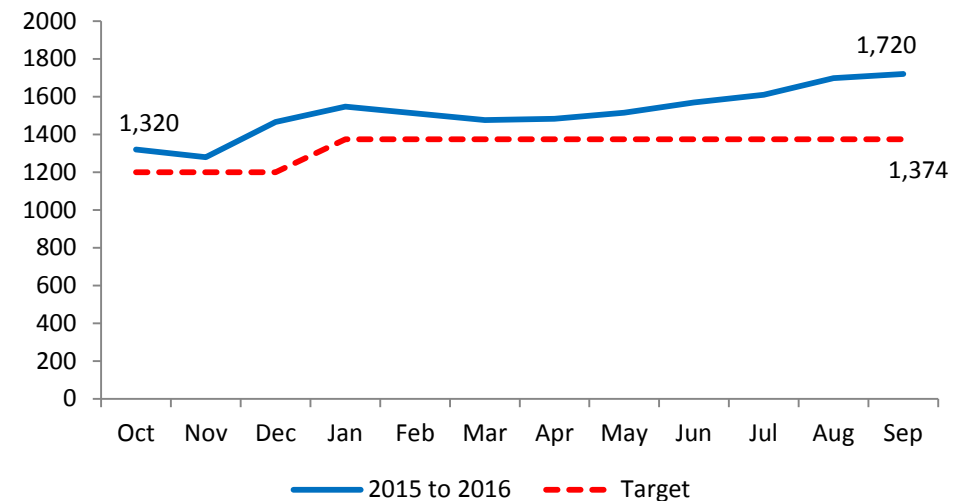


## Needle exchange

### Individuals attending needle exchange

(Quarterly in arrears)

- **1,720** in Q3, **1,569** in Q2 (Target 1,731)
- **Below target:** CHO1 36 (Target 58), CHO3 215 (Target 314) CHO5 356 (Target 372)
- Data returned tri monthly, quarterly in arrears



# Primary Care Commentary

## Quality Performance Indicators

One serious reportable event was reported for this Division during December 2016.

The National Primary Care Quality and Safety Dashboard is reviewed quarterly at Performance Meetings with the Chief Officers.

10 key dashboard indicators have been selected for monitoring and review by the National Primary Care Quality and Safety Committee.

A collaborative and cross divisional approach between the Divisions, State Claims Agency, Quality Assurance and Verification Division and Communications continues in respect of driving phase 2 of NIMS rollout.

## Community Intervention Teams

In addition to the 2,510 referrals in December, there were 103 patients referred to the CIT in South Tipperary, 2 patients referred to CIT Sligo, 17 to CIT Roscommon and 89 patients referred to the OPAT Programme in addition to those seen by CIT teams.

## PCRS

The target for % of properly completed Medical Card / GP visit card applications processed within a 15 working day turnaround time was below target at 89.6%.

The target for % of Medical Card / GP visit card applications, assigned for Medical Officer review, processed within 5 days was not been met at 34.4%.

The target for % of Medical Card applications which are accurately processed by the National Medical Card Unit staff was not been met at 87.6%. However, the % processed without financial error was 94.1%. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

# Social Inclusion Commentary

## Opioid Substitute Treatment (month in arrears)

**9,743** patients received treatment (excluding prisons) as of the end of November which includes 4,183 patients being treated by 354 GPs in the community.

- **685** pharmacies dispensed treatment catering for **6,809** patients.
- **81** HSE clinics were providing treatment and an additional 10 prison clinics were provided in the prison service.
- **65** new patients commenced treatment during August (9 in General Practice, 46 in HSE clinics and 10 in the prison clinics).
- The majority of Opioid Substitution Treatment (OST) KPIs are on target with the exception of transfers. Reasons behind the below target transfer of stabilised clients to the lowest level of complexity (Level 1) from clinics and Level 2 GPs continue to be discussed at CHO Performance Meetings. The following constellation of issues are impacting clients in achieving the level of stabilisation required to move to the community for their treatment:
  - Poly-drug use
  - Significant benzo misuse
  - Homelessness
  - Mental health issues
  - Behavioural issues

Client progression will also be reviewed through the National Addiction Advisory Governance Group.

## No of people trained in SAOR (Screening and Brief Intervention for problem alcohol and substance use)

National target of 300 people to be trained in SAOR in 2016 which was exceeded in the first quarter. 7 CHOs over performed and 1 underperformed. The 3 highest over performers were: CHO 2 (+1013%), CHO 5 (+446%), CHO 8 (+646%), CHO 3 underperforming at -45%.

## Pharmacy Needle Exchange (PNex) (quarter in arrears)

- Currently operating at 109 pharmacies which is 10 less than yearly target. Pharmacies have been recruited to date from Cork, Limerick and Kerry. Recruitment will continue in Waterford and South Tipperary and other areas where a specific need is identified. Some pharmacies have left and local recruitment has been done where appropriate and possible.
- The number of unique individuals attending pharmacy needle exchange has increased to 1,624 in July, 1,753 in August and 1,793 in September. This is a demand led service and feedback from pharmacies indicates a widespread knowledge of the service among those who misuse drugs.
- The number of needle exchange packs provided was above 4,200 for Jul-Sept, which is 23% above target. Ratio of balance of 10 packs to 3 packs is approximately 1:1.5. The increase in 10 packs given out may result in an increase in the number of clean needles per person.
- Nationally the average no. of needle/syringe packs per person is 18 clean needles each month. Pharmacists are trained to encourage clients to ensure they have sufficient needles. This statistic may be influenced by a number of factors including the frequency of injecting and type of drug injected (e.g. clients in treatment may need less needles or clients may not be regular injectors/users; clients may also be getting packs from different pharmacies).
- The percentage rate of needles returned remains below target at 25%. However, a greater number of packs were given out and returned in 2016. The total number of packs returned up until September far exceeded the total number of packs returned for 2015 (2,923 versus 1,060). This may have been influenced by various strategies put in place during the year including pharmacy training and support and the work of multi-disciplinary Drug Related Litter (DRL) groups. DRL reports have decreased particularly in areas where DRL multi-disciplinary focus groups are in place e.g. Limerick, Cork, Midlands and Waterford.

## Homeless Services

Despite an increase in the number of health needs assessments being carried out in Quarter 4 2016 (74%), the figure remains below the national target (85%). There is no doubt that the ever increasing pressures on homeless services, the additional work involved in providing “Winter Initiative” beds for those sleeping rough / unable to access emergency accommodation and the transient / chaotic nature of homelessness has led to much higher levels of one night only / short term stays in a number of the homeless facilities, during the final quarter of 2016. This has resulted in very limited opportunity / capacity being available to hostel staff to complete assessments and /or put appropriate supports in place for this significant cohort. The Homeless Advisory Governance has amended the wording of this KPI for inclusion in the Metric suite for 2017. Note incomplete return - see Appendix 2: Data Coverage Issues for further details.

# Primary Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	0%^	-100%												
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%														
	Service User Experience																
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>5</sup>	Q	75%	79%	5.3%										84%	74%	78%
	Safety Incident reporting																
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO <sup>5</sup>	Q	90%	44%	-51.1%	49%	55%	47%	30%	22%	56%	27%	52%	49%	44%	44%	50%
Access	Healthcare Associated Infections: Medication Management																
	Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	Q in arrears	<21.7	21.7	0.0%										21.1	21.7	
	Community Intervention Teams																
	Community Intervention Teams (number of referrals)	M	24,202	27,633	14.2%	No Service	1,032	5,166	2,992	3,091	1,289	7,620	1,221	5,222	2,436	2,456	2,510
	Health Amendment Act: Services to persons with state acquired Hepatitis C																
	No. of patients who were reviewed	Q	798	183	-77.1%										36	40	25
	GP Activity																
No of contacts with GP Out of Hours service	M	964,770	1,090,348	13.0%										124,661	82,099	93,094	
Speech & Language Therapy																	
% on waiting lists for assessment ≤ 52 weeks	M	100%	96.8%	-3.2%	100.0%	91.5%	99.4%	94.0%	99.9%	98.8%	93.0%	99.5%	98.1%	97.0%	96.6%	96.8%	

<sup>5</sup> This covers all Community Healthcare  
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		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	% on waiting list for treatment ≤ 52 weeks	M	Q4 100%	92.3%	-7.7%	100%	92.5%	94.6%	94.4%	81.9%	100.0%	91.9%	96.9%	100.0%	90.2%	92.6%	92.3%
	<b>Physiotherapy</b>																
	% on waiting list for assessment ≤ 52 weeks	M	100%	95.9%	-4.1%	96.5%	87.5%	91.5%	100.0%	99.1%	100.0%	99.6%	97.3%	99.2%	97.0%	96.3%	95.9%
	<b>Occupational Therapy:</b>																
	% on waiting list for assessment ≤ 52 weeks <sup>6</sup>	M	Q4 100%	80.4%(i)	-19.6%	78.7%	85.0%	98.6%	69.9%	76.4%	85.1%	86.2%	76.4%	96.6%(i)	80.3%	79.7%	80.4%(i)
	<b>Orthodontics:</b>																
	% of referrals seen for assessment within 6 months	Q	75%	58.7%	-21.7%										64.00%	58.5%	47.7%
	Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V)	Q	<5%	3.1%	-37.6%										5.9%	5.5%	3.1%
	<b>Primary Care Reimbursement Scheme</b>																
	% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	M	95%	89.6%	-5.7%										96.6%	94.1%	89.6%
Finance	No. of persons covered by Medical Cards	M	1,675,767	1,683,792	0.5%										1,700,803	1,695,680	1,683,792
	No. of persons covered by GP Visit Cards	M	485,192	470,505	-3.0%										467,001	469,628	470,505
	<b>Social Inclusion</b>																
	Opioid substitution treatment (outside prisons)	M arrears	9,515	9,743	2.40%	91	141	298	492	493	984	3,651	611	2,982	9,693	9,743	
	<b>Budget Management including savings – Net Expenditure variance from plan (within budget 0.33%)</b>																
	% variance - from budget	M	€3,787,350	€3,752,232	-0.93%	3.78%	3.73%	3.15%	2.19%	1.75%	1.84%	-1.34%	2.00%	4.11%	-0.44%	-0.77%	-0.93%
	- % variance - Pay (Direct)	M	€617,865	€620,512	0.43%										0.92%	0.89%	0.43%
	- % variance - Pay (Agency)	M	€12,861	€16,602	29.09%										34.41%	32.36%	29.09%
	- % variance - Pay (Overtime)	M	€3,118	€3,442	10.39%										11.94%	11.94%	10.39%
	- % variance - Non Pay	M	€3,309,881	€3,284,918	-0.75%										-0.30%	-0.65%	-0.75%
	- % variance – Income	M	-€143,902	-€156,387	8.68%										8.55%	9.17%	8.68%
	Primary Care	M	€784,357	€782,599	-0.22%	3.37%	5.31%	3.37%	1.82%	1.78%	1.74%	-1.16%	2.46%	6.30%	0.51%	-0.18%	-0.22%

<sup>6</sup> (i) - Incomplete data, see Appendix 2  
Health Service Performance Report October - December 2016

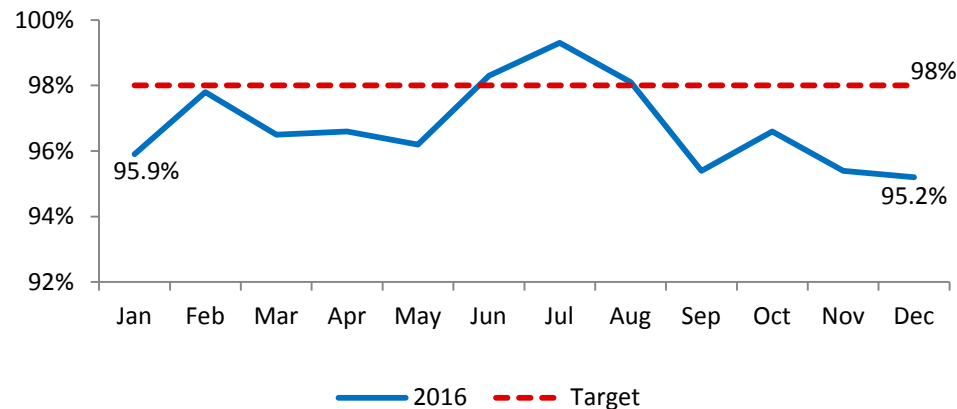
		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
	Social Inclusion	M	€133,281	€134,176	0.67%	8.76%	-15.07%	4.78%	4.71%	1.72%	6.29%	-0.47%	-2.72%	0.70%	-0.46%	-0.19%	0.67%	
	Palliative Care	M	€76,578	€76,179	-0.52%	7.24%	1.81%	0.97%	1.45%	0.01%	-13.06%	-3.64%	-4.53%	0.42%	0.10%	-0.06%	-0.52%	
	PCRS	M	€2,545,449	€2,512,849	-1.28%										-0.80%	-1.16%	-1.28%	
	Community Demand Led Schemes	M	€247,684	€246,430	-0.51%										0.09%	0.83%	-0.51%	
	Service Arrangements																	
	No and % of Service Arrangements signed – Primary Care (23/12/16)	M	100%	407 72.29%	27.71%										57.85%	72.29%	72.29%	
	€ value and % of Service Arrangements signed- Primary Care (23/12/16)	M	100%	52,562 97.77%	2.23%										98.03%	97.77%	97.77%	
	No and % of Service Arrangements signed – Social Inclusion (23/12/16)	M	100%	549 98.74%	1.26%										97.23%	98.74%	98.74%	
	€ value and % of Service Arrangements signed- Social Inclusion (23/12/16)	M	100%	85,778 98.49%	1.51%										98.69%	98.49%	98.49%	
HR	% Absence																	
	Overall	M in arrears	3.50%	4.63%	-32.28%	4.96%	3.98%	5.26%	3.11%	5.02%	5.01%	4.99%	4.64%	4.68%	4.82%	5.08%		
	Medical/Dental			2.99%	14.57%	3.93%	1.81%	0.99%	1.95%	2.91%	4.10%	4.14%	1.99%	5.56%	3.13%	3.39%		
	Nursing			4.95%	-41.42%	4.88%	4.68%	5.38%	3.07%	6.28%	5.90%	5.10%	5.37%	4.58%	5.05%	5.62%		
	Health and Social Care Professional			3.83%	-9.42%	5.29%	3.63%	5.27%	2.57%	4.71%	4.44%	3.57%	4.04%	2.58%	3.54%	4.19%		
	Management/Admin			5.00%	-42.85%	4.79%	4.91%	5.52%	3.35%	4.66%	4.41%	5.75%	5.38%	4.98%	5.45%	5.17%		
	General Support staff			4.27%	-22.00%	5.89%	1.57%	5.98%	2.96%	4.58%	3.26%	3.86%	4.29%	4.64%	5.26%	3.39%		
	Other Patient and Client staff			3.90%	-11.42%	4.92%	4.22%	6.65%	4.73%	5.08%	7.56%	7.03%	4.09%	13.13%	8.25%	6.87%		
	Staffing Levels and Costs																	
	WTE change from previous month	M		10,540	14	6	-2	-2	8	1	1	0	2	-2	102	19	14	
Variance from funding staffing thresholds	M	0.50%	Data not yet available															

## Palliative Care

# Access to Services

## Access to specialist inpatient bed

- **95.2%** waited  $\leq 7$  days, **95.4%** in November, **96.6%** in October. **96.8%** YTD (Target 98%)
- Number of patients who waited  $<7$  days decreased from **272** in November to **260** in December
- **5** patients waited  $>14$  days in December, **1** patient waited  $>14$  days in November, **3** patients waited  $>14$  days in October, **25** YTD
- **Above target:** CHO 1,3,4,5,6 achieved 100%
- **Below target:** CHO2 96.0%, CHO7 93.2%, CHO9 82.6%
- **229** new patients admitted in December, **216** in November, **210** in October **2,822** YTD

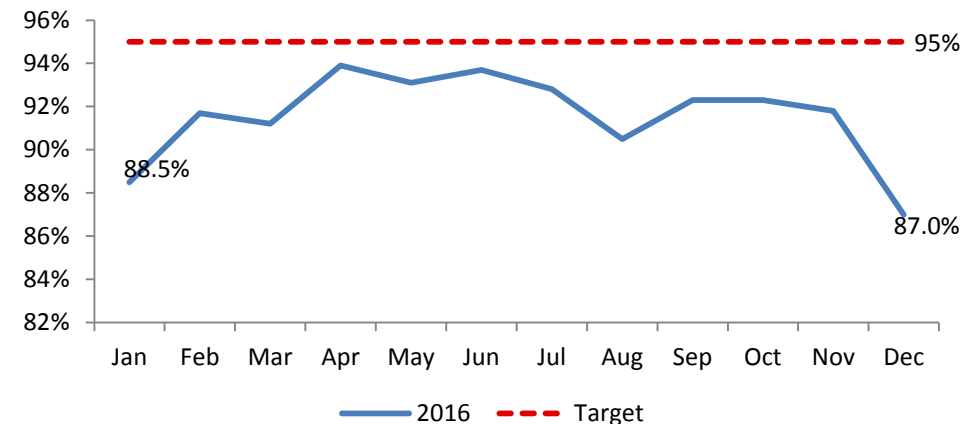


## Children in the care of the children's outreach nursing team/specialist palliative care team

- **453** in the care of the Children's Outreach Nurse / Specialist Paediatric Palliative Care Team, **437** in November, **442** in October. (Expected Activity 370)
- CHOs 1 & 9 are in process of recruiting an additional CNS each

## Specialist palliative care services in the community

- **87.0%** waited  $\leq 7$  days. **91.8%** in November, **92.3%** in October. **91.5%** YTD (Target 95%)
- **Above target:** CHO1 98.2%, CHO2 95.0%, CHO5 98.1%, CHO8 95.9%
- **Below target:** CHO3 92.9%, CHO4 73.0%, CHO6 88.1%, CHO7 63.1%, CHO9 91.9%



- The number of new patients seen or admitted to community services in December was **817**. Increase of 8 on November.
- **3,341** patients in receipt of community services, **3,446** in November (Target 3,309). Decrease of 105 on November.



# Palliative Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access	Access to specialist inpatient bed within 7 days	M	98%	95.2%	-1.2%	96.9%	97.0%	100.0%	100.0%	100.0%	89.6%	95.9%	No service	92.3%	96.6%	95.4%	95.2%
	Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital)	M	95%	91.5%	-3.7%	95.1%	92.1%	92.7%	88.5%	96.6%	89.7%	83.1%	92.6%	93.9%	92.3%	91.8%	87.0%
	No of patients in receipt of specialist palliative care in the community (in month)	M	3,309	3,341	1.0%	379	379	384	550	442	252	246	415	292	3,434	3,446	3341
	No. of children in the care of the children's outreach nursing team / specialist palliative care team) (in month)	M	370	453	22.4%	13	31	35	35	45	17	197	62	18	442	437	453
Finance	<b>Budget Management including savings</b>																
	<b>Net Expenditure variance from plan (within budget 0.33%)</b>																
	% variance - from budget	M	€76,578	€76,179	-0.52%	7.24%	1.81%	0.97%	1.45%	0.01%	-13.06%	-3.64%	-4.53%	0.42%	0.10%	-0.06%	-0.52%
	- % variance - Pay (Direct)	M	€37,641	€37,343	-0.79%										-0.27%	-0.43%	-0.79%
	- % variance - Pay (Agency)	M	€1,061	€948	-10.62%										-14.46%	-11.56%	10.62%
	- % variance - Pay (Overtime)	M	€720	€809	12.41%										13.98%	11.63%	12.41%
	- % variance - Non Pay	M	€46,773	€46,604	-0.36%										-0.68%	-0.71%	-0.36%
	- % variance – Income	M	-€9,952	-€9,903	-0.49%										-1.97%	-1.10%	-0.49%
	<b>Service Arrangements</b>																
	No and % of Service Arrangements signed (23/12/2016)	M	100%	21 95.45%	4.55%										90.48%	95.45%	95.45%
	€ value and % of Service Arrangements signed (23/12/2016)	M	100%	€46,635 99.53%	0.47%										99.43%	99.53%	99.53%

## Acute Hospital

# Overview of key acute hospital activity

Activity Area	Result YTD Dec 2016	Against expected activity YTD	Result YTD Dec 2015	SPLY % Var	Result October 2016	Result November 2016	Result December 2016
Emergency Presentations	1,362,014	5.4% (69,531)	1,309,507	4% (52,507)	116,510	111,309	113,892
New ED attendances	1,153,531	4.6% (50,851)	1,103,127	4.6% (50,404)	98,593	94,238	97,645
OPD Attendances	3,321,268	2.4% (78,844)	3,298,868	0.7% (22,400)	273,779	296,742	228,244

From January 2016 all metrics in the table below are using HIPE data which replaces PAS data that was used in published reports in previous years. For comparison purposes 2016 reports will compare against equivalent HIPE data in 2015. In accordance with Healthcare Pricing Office (HPO) requirements hospitals are expected to have all cases coded within 30 days of discharge e.g. all March discharges fully coded by the end of April.

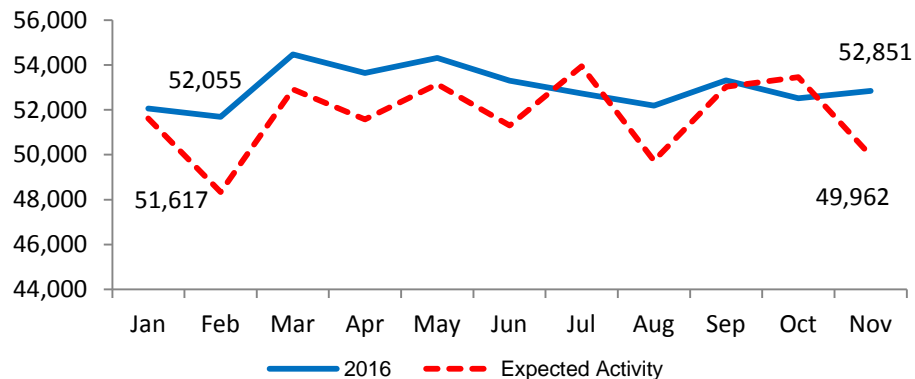
Activity Area	Result YTD November 2016	Against expected activity YTD	Result YTD November 2015	SPLY % Var	Result September 2016	Result October 2016	Result November 2016
Inpatient discharges	583,048	2.5% (14,018)	571,323	2.1% (11,725)	53,313	52,513	52,851
Day case discharges	960,287	2.7% (25,065)	942,667	1.9% (17,620)	87,097	82,135	86,801
Inpatient & Day Cases	1,543,335	2.6% (39,083)	1,513,990	1.9% (29,345)	140,410	134,648	139,652
% Inpatient	37.8%		37.7%	0%	38%	39%	37.8%
% Day Cases	62.2%		62.3%	0%	62%	61%	62.2%
Elective Inpatient Discharges	86,141	-2.4% (-2,147)	87,498	-1.6% (-1,357)	8,185	8,156	8,330
Emergency Inpatient Discharges	391,643	4.8% (17,956)	375,773	4.2% (15,870)	35,417	34,841	35,735
Maternity Inpatient Discharges	105,264	-1.7% (-1,791)	108,052	-2.6% (-2,788)	9,711	9,516	8,786

# Inpatient and Daycases

(Month in arrears)

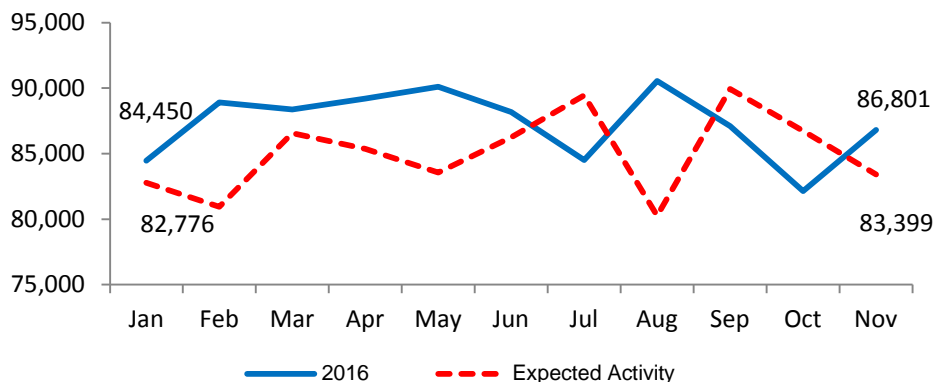
## Inpatient Discharges

- **52,851** inpatient discharges, **52,513** in October, **53,313** reported in September. **583,048** YTD
- **2.1%** more than the same period last year YTD



## Day Cases

- **86,801** day case discharges, **82,135** in October, **87,097** reported in September. **960,287** YTD
- **1.9%** more than the same period last year YTD



## Elective Inpatient Discharges

- **8,330** elective discharges, **8,156** in October, **8,185** reported in September. **86,141** YTD
- **2.4%** less than the same period last year YTD

## Emergency Inpatient Discharges

- **35,735** emergency discharges, **34,841** in October, **35,417** reported in September. **391,643** YTD
- **2.7%** more than the same period last year YTD

## Maternity Inpatient Discharges

- **8,786** maternity discharges, **9,516** in October, **9,711** reported in September. **105,264** YTD
- **1.7%** less than the same period last year YTD

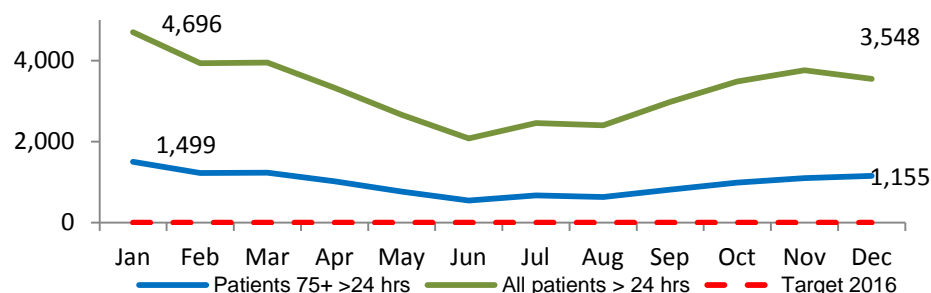
# Emergency Departments

## Numbers attending ED

- **105,105** attended ED, **101,898** in November, **106,574** in October (Expected 99,992)
- **1,246,131** YTD attended ED (Expected YTD 1,197,628)
- **97,645** were new attendances, **94,238** in November, **98,593** in October. **1,153,531** YTD

## ED over 24 hours

- **98,705 (96.5%)** < 24 hours, **95,217 (96.2%)** in November, **99,232 (96.6%)** in October. **1,168,940 (96.7%)** YTD (Target 100%)
- **3,548 (3.5%)** waited more than 24 hours, **3,761 (3.8%)** in November, **3,479 (3.4%)** in October. **40,388 (3.3%)** YTD
- **1,155 (8.8%)** over 75 years of age waited for more than 24 hours. **1,099 (9.5%)** in November, **985 (8.7%)** in October. **12,076 (8.6%)** YTD
- **Below target > 24 hours** (3 outliers): Limerick Hospital 419, St Vincents 315 and Mercy 314.
- **Below target over 75 years of age** (3 outliers): Galway 119, St Vincents 127 and Limerick 145.

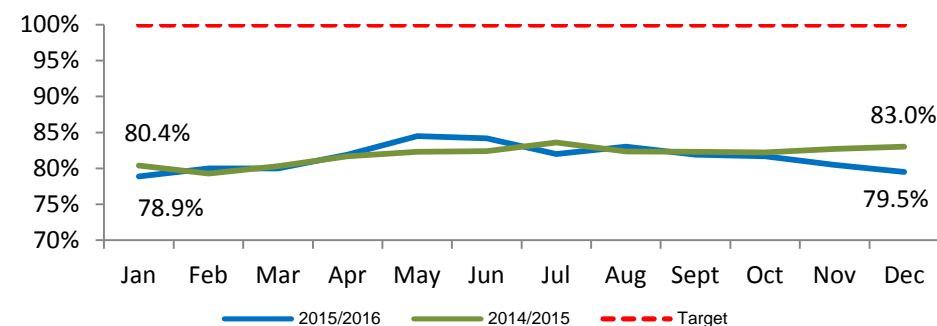


## Over 75 years admitted or discharged within 9 hours

- **7,793 (59.3%)** within 9 hours, **7,017 (60.8%)** in November, **7,118 (62.6%)** in October. **87,916 (62.6%)** YTD (Target 100%)
- **5,356 (40.7%)** waited over 9 hours, **4,531 (39.2%)** in November, **4,248 (39.2%)** in October. **52,490 (37.4%)** YTD (Target 0%)

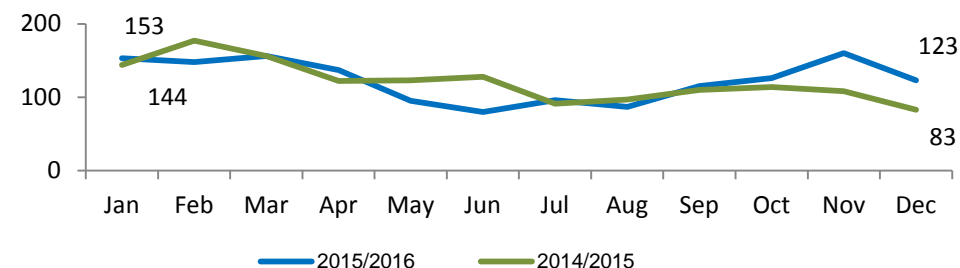
## Admitted or discharged within 9 hours

- **81,248 (79.5%)** within 9 hours, **79,701 (80.5%)** in November, **83,928 (81.7%)** in October. **985,176 (81.5%)** YTD (Target 100%)



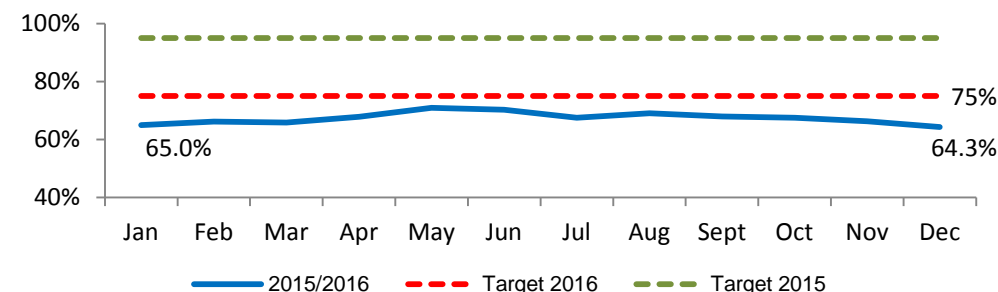
## Average over 9 hours awaiting admission

- **123** was the average daily number of patients waiting for over 9 hours, **160** in November, **126** in October.



## Admitted or discharged within 6 hours

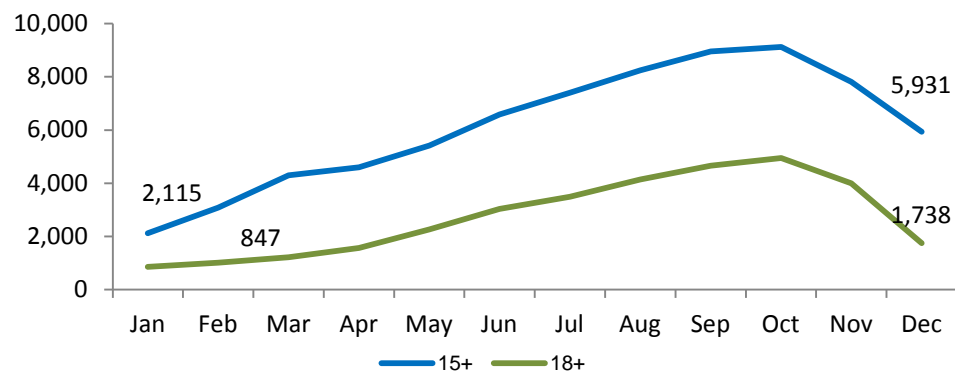
- **65,754 (64.3%)** within 6 hours, **65,650 (66.3%)** in November, **69,352 (67.5%)** in October. **814,369 (67.3%)** YTD (Target 75%)



# Waiting Lists

## Inpatient and Day case Waiting List

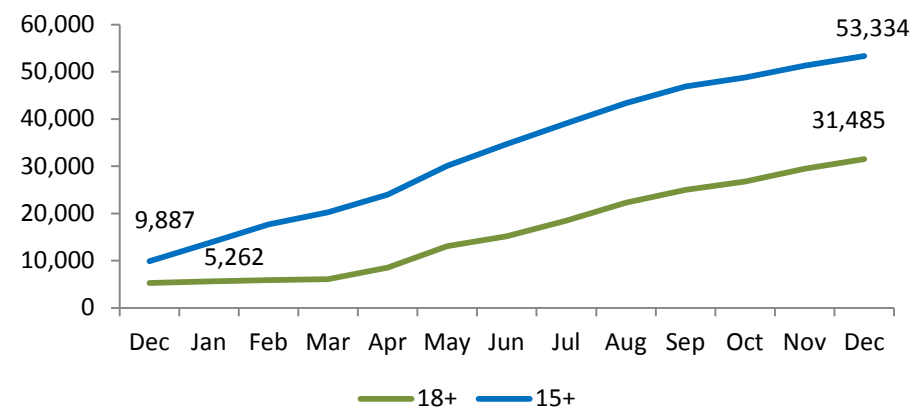
- **81,015** waiting for an inpatient/day case procedure. **81,103** in November, **79,621** in October.
- **1,738 (2.1%)** waiting over **18 months**. **4,001 (4.9%)** in November, **4,949 (6.2%)** in October.
- **5,931 (7.3%)** waiting over **15 months**. **7,810 (9.6%)** in November, **9,122 (11.5%)** in October.
- **Below target > 18 months:** Galway (1,062), Beaumont (198), Royal Victoria Eye & Ear (119)
- **Below target > 15 months:** Galway (1,955), Mater (485), Waterford (439)



Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		22,675	11,413	5,350	1,576	72,385
Child IPDC	4,480	2,757	1,385	581	162	8,630
OPD		153,000	84,316	53,334	31,485	437,558

## Outpatient Waiting List Update

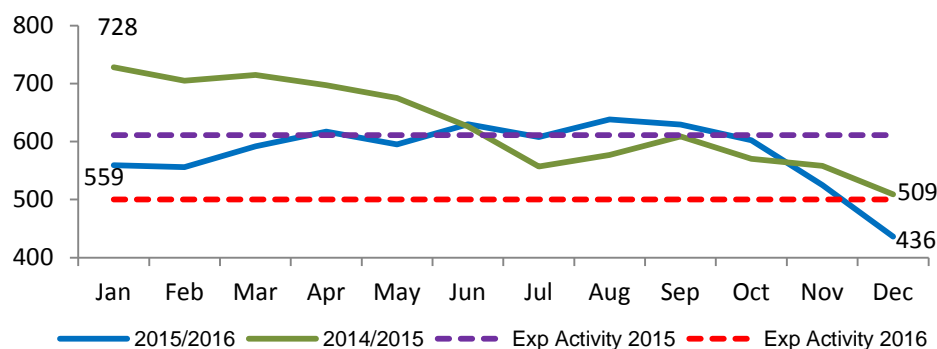
- **437,558** waiting for outpatient appointments. **440,629** in November, **438,931** in October.
- **31,485 (7.2%)** waiting over **18 months**. **29,478 (6.7%)** in November, **26,796 (6.1%)** in October.
- **53,334 (12.2%)** waiting over **15 months**. **51,328 (11.6%)** in November, **48,808 (11.1%)** in October.
- **Below target > 18 months:** Beaumont (2,610), Waterford (3,834), Tallaght (2,575), Galway (2,435), Mater (1,636), South Infirmary (2,275) and Cork (2,403)
- **Below target > 15 months:** Waterford (6,220), Beaumont (4,068), Limerick (3,359), Galway (4,103), Cork (3,913), Tallaght (3,648) and South Infirmary (3,620)



## Delayed Discharges

### Number of Delayed Discharges

- **436** delayed discharges. **525** in November, **602** in October. (Expected Activity <500)
- **Best Performers:** Portiuncula 0 (7), Mallow 2 (1), Ennis 0 (1)  
**Outliers:** Beaumont 54 (54), St James's 52 (53) and Tallaght 40 (43)



Delayed Discharges by Destination (27/12/2016)	Over 65	Under 65	Total No.	Total %
Home	38	11	49	11.2%
Long Term Nursing Care	273	39	312	71.6%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	40	35	75	17.2%
<b>Total</b>	<b>351</b>	<b>85</b>	<b>436</b>	<b>100%</b>

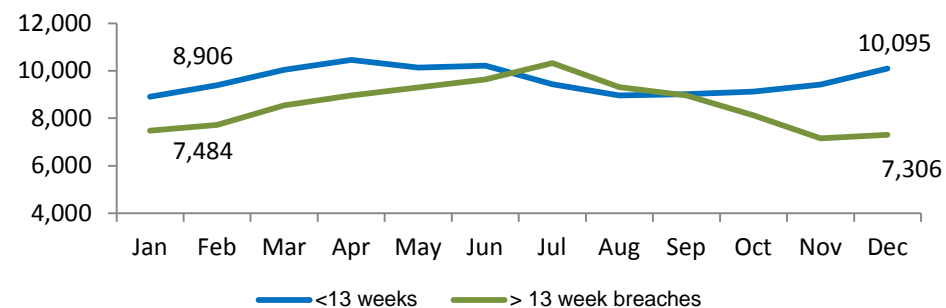
## GI Scopes

### Urgent Colonoscopy (<28 days)

- **1,098 (99.4%)** < 28 days, **1,381 (100%)** in November, **1,302** in October. (Target 100%)
- **34** breaches in the month of December 2016. 16 breaches in St Columcille's, 16 breaches in Our Lady's Hospital Navan and 2 in Letterkenny
- 31 patients were seen by the end of December and 3 from Navan were seen by the 19<sup>th</sup> of January.
- Fines for breaches have been issued

### Numbers on waiting list for GI Scopes

- **17,401** on the waiting list for routine colonoscopy or OGD. **16,577** in November, **17,249** in October.
- **7,306** waiting over 13 weeks. **7,152** in November, **8,124** in October.
- **58%** waiting less than 13 weeks. **56.9%** in November (Target 70%)



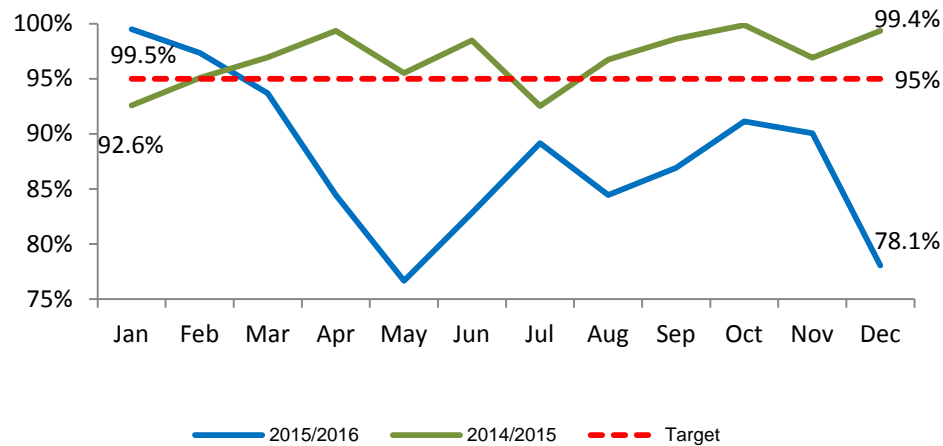
### Surveillance GI Scopes

- **6,401** planned GI scopes with date in the past, **6,209** in November, **6,044** in October.
- **34,304** planned GI scopes with date in the future, **33,768** in November, **33,070** in October.
- **987** planned without date, **963** in November, **963** in October.

# Cancer Services

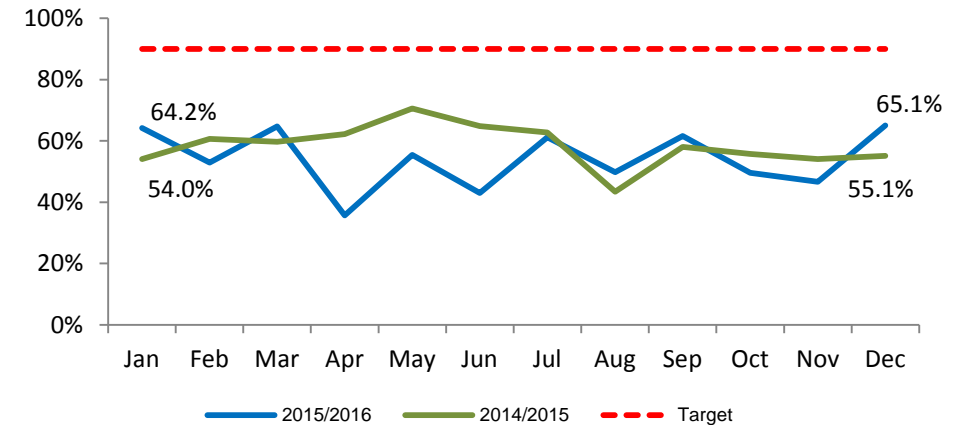
## Breast cancer assessment within 2 weeks

- **78.1%** were seen within 2 weeks of referral, **90.1%** in November, **91.1%** in October. **87.9%** YTD (Target 95%).



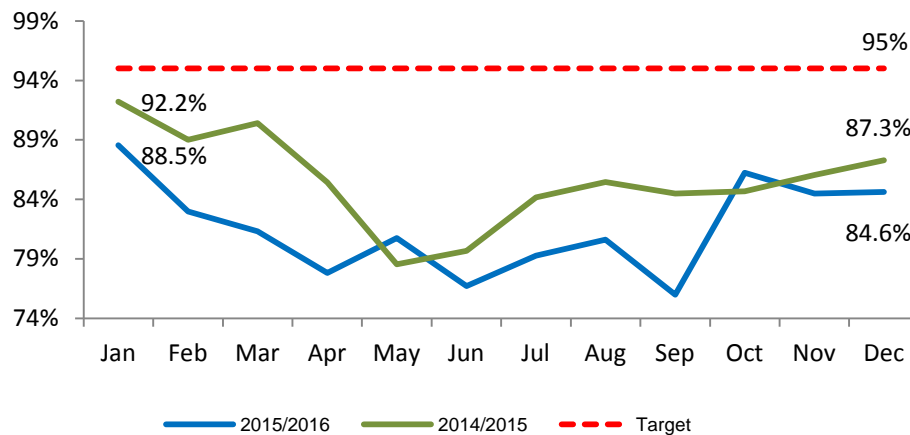
## Prostate cancer assessment within 20 working days

- **65.1%** were seen within 20 working days, **46.7%** in November, **49.5%** in October. **53.4%** YTD (Target 90%).



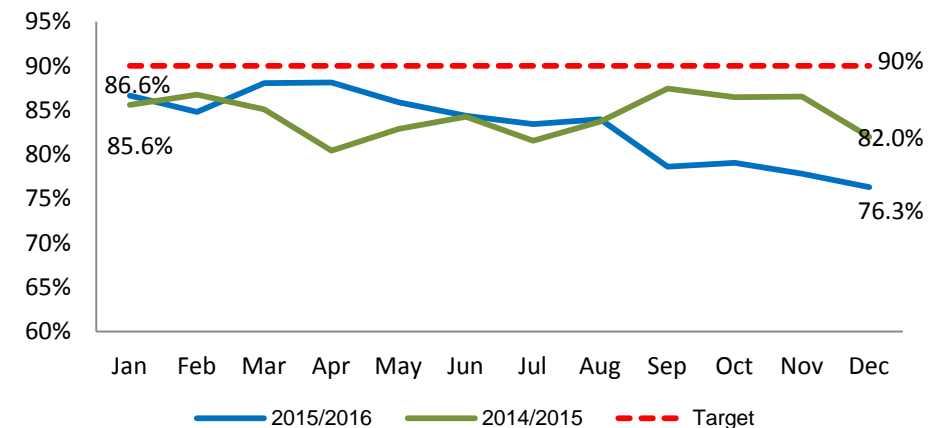
## Lung cancer assessment within 10 working days

- **84.6%** were seen within 10 working days, **84.5%** in November, **86.2%** in October. **81.5%** YTD (Target 95%).



## Radiotherapy within 15 working days

- **76.3%** were seen within 15 working days, **77.8%** in November, **79.1%** in October. **83.1%** YTD (Target 90%).



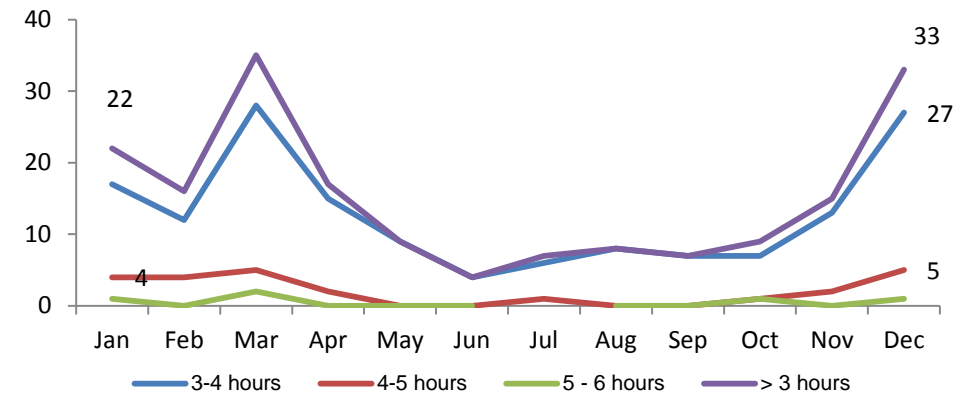


## Cancer Services

Performance data	Target 2016	Dec 2016	Dec YTD 2016	Dec YTD 2015	Best and Outliers
Breast	95%	78.1%	87.9%	99.5%	Mater, St Vincent's and Waterford 100%. Beaumont 99.3% Limerick 99.1% Galway 98.2% Cork 56.5% Letterkenny 35.5% St James's 22.1%
Lung	95%	84.5%	81.3%	85.5%	Mater, St Vincent's & Waterford 100% Galway 97% St James's 95.8% Beaumont 83.3% Cork 68% Limerick 51.4%
Prostate	90%	65.1%	53.4%	58.7%	Beaumont & Galway 100% St Vincent's 88.9% Mater 72.2% St James 30.4% Limerick 28% Waterford 26.3% Cork 0%
Radiotherapy	90%	76.3%	83.1%	84.6%	Waterford 100% Limerick 97.2% Galway 93.1% Cork 75.3% SLRON 66.5%

## Ambulance Turnaround Times

- **32** ambulances had turnaround times > 3 hours. **15** in November, **9** in October.
- **19,720 (89.2%)** ambulances had turnaround times within 60 mins; **18,110 (92.2%)** in November, **19,239 (93.8%)** October. (Target 95% ≤ 60mins)

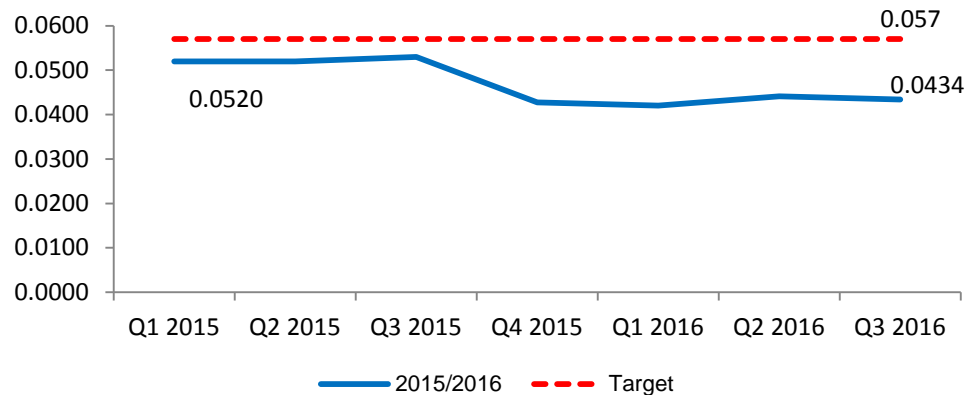


Turnaround Times	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16
3-4 hours	15	9	4	6	8	7	7	13	27
4-5 hours	2	0	0	1	0	0	1	2	5
5 - 6 hours	0	0	0	0	0	0	1	0	1
> 3 hours	17	9	5	7	8	7	9	15	33

## Health Care Associated Infections

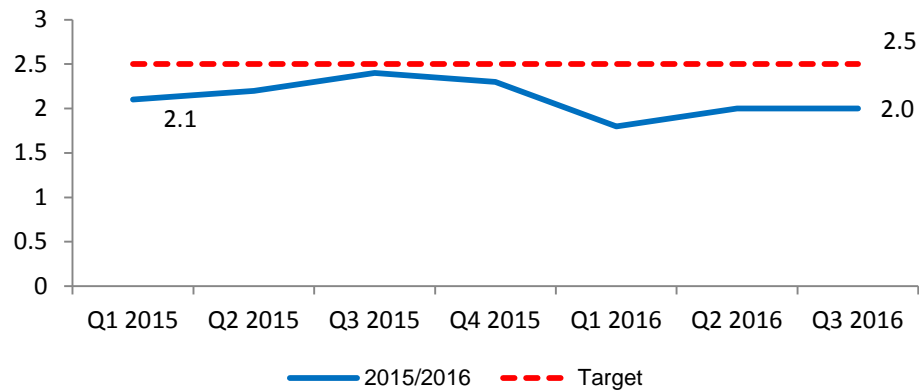
Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days (quarterly in arrears)

- **0.043** Q3 2016, **0.044** Q2 2016 (Target 0.057)



Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (quarterly in arrears)

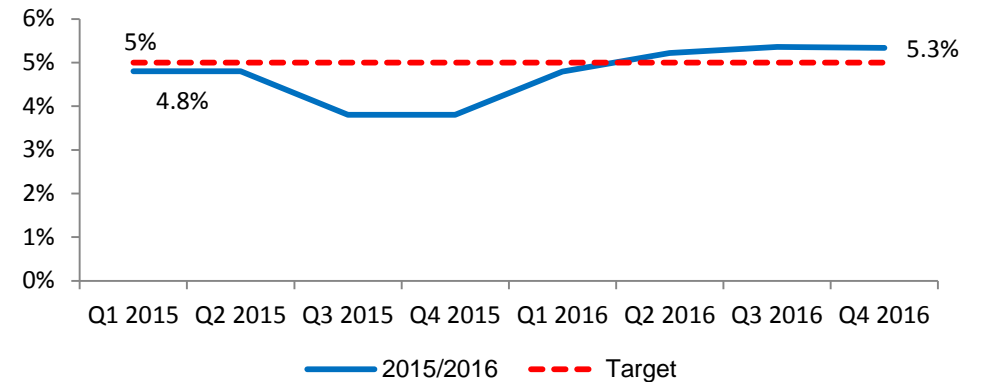
- **2.0** Q3 2016, **2.0** Q2 2016 (Target 2.5)



## Emergency Department

% of ED patients who leave before completion of treatment (quarterly)

- **5.3%** for Q4 2016, **5.4%** Q3 2016, **5.2%** Q2 2016. (Target <5%)



# Acute Commentary

## Emergency Department (ED) Performance

ED PET attendances in December 2016 were 5% higher than the corresponding period in 2015.

The ED Task Force identified a number of key actions to be undertaken in order to address the challenges in ED. Specifically the following initiatives were adopted:

- ED Congestion Escalation Directive – a conjoint Directive was signed by the Minister for Health, the Director General and the National Director for the Acute Hospitals Division in November 2015. This was designed to ensure integrated, systematic and timely interventions to avert overcrowding and address long wait times. It provided for distinct stages of escalation with clearly delineated thresholds, actions and owners.
- Reduction in delayed discharges from 830 at end of 2014 to 436 at the end of December 2016 as a result of targeted additional funding for home care packages, transitional care beds and maintaining the Fair Deal wait time at 4 weeks (from a high of 15 weeks at the end of 2014).

The HSE published its Winter Initiative Plan 2016/2017. The aim of the HSE's Winter Initiative Plan 2016/2017 is to provide a focus on specific measures required to address the anticipated surge in activity experienced at this time of year across the hospitals and community. One of the key objectives is to reduce the number of people waiting to be discharged from hospitals and who require specific supports and pathways to do so. In achieving this objective, the capacity of the acute hospital system will be improved and in turn the patient experience in the Emergency Departments and the wider hospital system will also be improved.

The Plan contains a number of key measures in terms of hospital avoidance, timely access and discharge. It will be implemented through a

specific and detailed planning process required in all hospitals and Community Health Care Organisations across the country. In summary, some of the key outcomes to be achieved through implementation of this Plan include;

- Patient Experience Times: improve national compliance to 98%.
- Patient Experience Times: Of all ED attendees discharged or admitted within 6 hours of registration – improve compliance to 75%
- TrolleyGAR: All sites to meet 8 a.m. TrolleyGAR threshold (maximum 236).
- An additional 55 acute beds are being provided in the Midlands Regional Hospital Tullamore, Beaumont Hospital, Naas General Hospital, University Hospital Waterford and the Midlands Regional Hospital Mullingar. In addition, 18 step down beds are being provided for by the Mercy University Hospital.
- Expansion of minor injury services in Dublin to provide for an additional 100 patients each week, with patients being seen in a more timely way, to include a Saturday service.
- An additional 58 Transitional Care Bed approvals weekly will be available to all acute hospitals (in addition to the funded level of service of 109/week)
- A targeted waiting list programme for orthopaedics, spinal and scoliosis patients was implemented in designated sites in quarter 4/2016.

The following enhanced measures were announced in January 2017 as part of the HSE's Winter Plan;

### I. Opening of additional beds

An additional 63 acute hospital beds in the following locations; Galway University Hospital (28), Mater Misericordiae (15), St Luke's Hospital, Kilkenny (8) and Midlands Regional Hospital Tullamore (12).

### II. Transitional Care Beds

The 2016/2017 Winter Initiative has yielded a significant reduction in Delayed Discharges (DDs), particularly in the lead up to the Christmas

period; this has reduced bed usage of Delayed Discharges in acute hospitals by up to 200 within a 6 week period.

In relation to community services additional resources continue to be provided as planned and public community hospitals, private nursing home beds, transitional care beds and home care remain available in most locations across the country; the implementation of the Winter Plan in this regard is working well.

A specific additional exceptional measure is now being implemented in relation to NHSS (Fair Deal) applicants for a 4 week period which commenced the 5<sup>th</sup> January 2017 across the following 10 Acute Hospitals; Galway University Hospital, South Tipperary General Hospital, St Vincent's University Hospital, St James's Hospital, Tallaght Hospital, Our Lady of Lourdes Hospital, Drogheda, Beaumont Hospital, Mater Misericordiae and Connolly Hospital and Wexford General Hospital. These are identified as hospitals with significant throughput of DDs particularly in the category of those that are classified as Discharged and requiring long stay care but where the application form for the NHSS has not yet been submitted to the local Nursing Home Support Office (NHSO).

The measure will simplify the current NHSS rule set for this specific group of patients, (once consultant geriatricians sign off), to allow the patients in this category access to Transitional Care Beds (TCBs) where the detailed application forms and paperwork can be concluded away from the congested emergency departments and acute hospital settings.

### III. Use of private hospitals

Following engagement between the HSE, the Department of Health and the Private Hospital sector pre-Christmas it was agreed that the HSE would continue to exploit areas of collaboration in respect of emergency services. It is acknowledged that there are some challenges in effecting transfers having regard to the acuity of patients presenting. However, in the short term options in Kilkenny and Mullingar are being examined to offer immediate supports to these

hospitals. The South/South West Hospitals Group continues to use private hospitals to alleviate pressures.

### IV. Provision of additional diagnostic capacity for GPs

Additional diagnostic capacity (such as ultrasound and X-ray) will be made available to GPs through existing private providers in the following locations; Wexford, Portlaoise, Waterford, Limerick and Letterkenny.

### V. All patients admitted have a defined care plan and a predicted date of discharge, and that community supports are in place to enable early discharges.

All hospitals will intensify their efforts to ensure that a Planned Discharge Date (PDD) is in place for all inpatients, ensuring no unnecessary delays and enabling early discharges. Community Healthcare Organisations (CHO's) will work with Discharge Coordinators in each hospital to estimate the likely demand and maintain timely and effective flow for the next two months. This has yielded benefits in a number of sites already.

The Hospital Groups and CHOs have Winter Initiative Plans for 2016/2017. These plans detail both management and clinical governance arrangements across each hospital and community for the duration of the Winter period including metrics on service provision and supports, escalation measures, etc.

### European Working Time Directive (EWTD)

The target set in the National Service Plan 2016 is that 95% of Non Consultant Hospital Doctors (NCHDs) will work a 48 hour week.

As a result of a robust joint verification process led by the Acute Hospitals Division and the IMO, further improvements were observed during 2015 with an increase from 66% compliance in January 2015 to 81% in December 2016. The critical success factors were as follows;

- Targeting those sites where performance was well below the national average.

- Application of fines in respect of non-compliance with 24 hour targets.
- Site visits and robust interrogation of performance data and rosters.
- Shared learning from those sites that had effected sustained improvements, particularly where they may have suffered from structural challenges such as peripherality.

The Acute Hospitals Division has developed a plan to achieve full compliance. It includes targeted actions in terms of under-performing sites, development of clinical networks and national or supra-regional specialist services.

### Inpatient/Day Case and Outpatient Waiting Times

- The National Service Plan 2016 target for inpatients and day cases is that 95% of adults and children will be waiting less than 15 months for an inpatient/day case procedure – actual compliance 93%.
- Hospitals were 81% compliant with the National Service Plan 2016 target that 85% of patients will be waiting less than 12 months for first access to outpatient services.
- Hospitals were 88% compliant with the National Service Plan 2016 target that 100% of patients will be waiting less than 15 months for first access to outpatient services.

In August 2016 the Minister set a target that there would be no more than 1,800 patients waiting over 18 months by year end for an inpatient/day case procedure. The target outturn represented a reduction of 50% of the patient numbers waiting in excess of 18 months at that time of approximately 3,488 patients.

Based on a review of the July 2016 National Treatment Purchase Fund waiting list, it showed that there would be potentially 13,319 patients waiting over 18 months by year end. Accordingly, to achieve the Minister's target of 1,800, it required the scheduling, treatment, or removal of 11,519 patients.

There were 1,738 patients waiting over 18 months at the 30<sup>th</sup> December and therefore the Minister's target of 50% reduction was achieved.

A total of 11,581 patients were treated, scheduled for treatment in public and private hospitals or removed from the waiting list.

Within the context of this achievement the following should be noted;

- There were no breaches of 36 months.
- The 18 month breaches at the 30<sup>th</sup> December represents 2% of all patients waiting. In July the equivalent figure was 4.5%.
- Twenty four paediatric scoliosis patients waiting over 18 months for paediatric scoliosis were treated or have a treatment plan in the Blackrock Clinic. In addition, all other paediatric scoliosis patients breaching 18 months have a treatment plan at Crumlin.
- 34 adolescent scoliosis patients breaching 18 months have been clinically reviewed and offered a treatment plan in the Mater Misericordiae University Hospital's spinal unit; a number opted to defer treatment for personal reasons.
- Twenty five patients waiting 18 months for spinal cord stimulator procedures are scheduled for treatment in the public hospital system using the additional resources provided by the Minister for waiting lists.
- A total of 371 patients have been treated or scheduled for treatment in Cappagh National Orthopaedic Hospital and as a result it has no patients waiting over 15 months.

### Colonoscopies

- Urgent colonoscopies – there were thirty four breaches of the four week waiting time target for an urgent colonoscopy.
- Routine colonoscopies – compliance with 13 week target for routine patients was 58% in December.
- A National Endoscopy Working Group was established following the appointment of a National Endoscopy Lead. The priority areas for the

National Endoscopy Working Group are: Capacity demand analysis, referral pathways, clerical validation and scheduling, quality assurance and training and liaison with the bowel cancer screening service.

The National Treatment Purchase Fund Endoscopy Waiting List 2016 was launched in July following collaboration between the Department of Health, the National Treatment Purchase Fund and the HSE. The aim of this initiative was to treat an extra 3,000 urgent cases. There were 11 breaches at the 30th December 2016 and the hospitals concerned have committed to treating these patients.

### Cancer Data

- Lung cancer – 84.6% of patients were offered an appointment within ten working days of receipt of referral in the cancer centre.
- Prostate – 65.1% of patients were offered an appointment within twenty working days of receipt of referral in the cancer centre.
- Breast cancer – 78.1% compliance with the target for attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals.
- Radiotherapy – 76.3% of patients undergoing radiotherapy treatment commenced treatment within 15 working days of being deemed ready to treat by the Radiation Oncologist.

The key challenge continues to be attracting and retaining consultant staff particularly to urology. The growth in referrals for all specialties is also a challenge.

### Performance Notice

The University Of Limerick Hospital was in escalation in relation to its financial performance since June. A Performance Notice was issued by the HSE to the University of Limerick Hospitals Group on the 8<sup>th</sup> November. The Notice set out the HSE's performance expectations in respect of the Group's year end financial position and its overall performance. The Group is delivering on the required actions and on this

basis the Performance Notice was withdrawn on the 16<sup>th</sup> January. The University Of Limerick Hospitals Group remains in escalation.

Tallaght Hospital has been in escalation in relation to its financial performance since June. The Dublin Midlands Hospitals Group issued a Performance Notice to Tallaght Hospital on the 24<sup>th</sup> October. The Performance Notice remains in place and the hospital's performance continues to be monitored.

# Acute Hospitals Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Reportable Events</b>													
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)													
	M	99%	32%	-67.7%								11%	27%	10%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer													
	M	90%	0%	-100%										
	<b>Service User Experience</b>													
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>7</sup>													
	Q	75%	78%(i)	4%								80%	80%	81%(i)
	<b>Safety Incident reporting</b>													
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO													
	Q	90%	49%	-45.6%	59%	45%	60%	28%	45%	69%	46%	51%	52%	49%
	<b>Safe Care</b>													
	% maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month <sup>7</sup>													
	M (2 mths in arrears)	100%	94.7% (i)	-5.3%	100%	100%	66.7% (i)	100%	100%	100%		94.7% (i)		
	<b>Health Care Associated Infections</b>													
	Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used													
	Q in arrears	<0.057	0.043	23.9%	0.032	0.046	0.057	0.044	0.049	0.060	0.000	0.042	0.044	0.043
	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used													
	Q in arrears	<2.5	2.0	20.0%	1.983	1.3	2.9	2.6	1.7	1.8	0.0	1.8	2	2
	<b>Colonoscopy / Gastrointestinal Service</b>													
	% of people waiting < 4 weeks for an urgent colonoscopy (zero tolerance)													
	M	100%	99.4%	-0.6%	97.6%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	99.9%	99.4%
	<b>Effective Care</b>													
	<b>Stroke</b>													
	% of patients with confirmed ischaemic stroke who receive thrombolysis													
	Q6 months in arrears	9%	13.9%	54.4%										
	<b>Acute Coronary Syndrome</b>													
	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI													
	3 months in arrears	85%	93.9%	10.5%										

<sup>7</sup> (i) - Incomplete data, see Appendix 2



		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
	<b>Re-admission</b>														
	% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	M in arrears	10.8%	10.8%	0.0%	10.8%	11.2%	11.1%	10.5%	9.3%	11.9%		9.7%	9.8%	
	% of surgical re-admissions to the same hospital within 30 days of discharge	M in arrears	<3%	2.1%	30.0%	1.9%	2.9%	2.2%	1.9%	1.5%	2.1%		2.0%	1.9%	
	<b>Surgery</b>														
	% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	M in arrears	95%	85.4%	-10.1%	92.5%	86.8%	85.3%	81.6%	76.9%	89.8%		89.4%	88.0%	
	% day case rate for Elective Laparoscopic Cholecystectomy	M in arrears	>60%	43.4%	-27.7%	60.8%	51.1%	50.1%	45.8%	7.7%	18.4%		41.4%	46.5%	
	% of elective surgical inpatients who had principal procedure conducted on day of admission (Individual Hospital Group target)	M in arrears	75%	73.0%	-2.7%	83.8%	63.1%	61.5%	77.0%	87.2%	62.5%		74.7%	75.4%	
	<b>Emergency Care and Patient Experience Time</b>														
	% of all attendees at ED < 24 hours (zero tolerance)	M	100%	96.7%	-3.3%	96.5%	96.6%	95.6%	95.8%	93%	98.1%	99.7%	96.6%	96.2%	96.5%
	% of patients 75 years or over who were admitted or discharged from ED within 9 hours	M	100%	62.6%	-37.4%	66.5%	59%	55.3%	60.2%	43.2%	75%		62.6%	60.8%	59.3%
	<b>Average Length of Stay</b>														
	Medical patient average length of stay (contingent on < 500 delayed discharges)	M in arrears	7	6.8	2.9%	7.0	8.3	7.0	6.4	5.3	6.4		6.7	7.3	
	Surgical patient average length of stay (Individual Hospital Group target)	M in arrears	5.2	5.4	-3.8%	5.8	6.7	5.8	4.8	4.6	4.9		5.5	5.5	
Access	<b>Outpatients</b>														
	Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	M	1:2	2.4	-20.0%	2.1	2.7	2.6	2.4	3.0	2.3	2.6	2.4	2.5	2.4
	<b>Inpatient, Day Case and Outpatient Waiting Times</b>														
	% of adults waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	92.6%	-2.5%	94.7%	91.6%	95.7%	93.8%	94.8%	88.6%		88.2%	90.1%	92.6%
	% of children waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	93.3%	-1.8%	100.0%	100.0%	98.5%	94.8%	97.7%	92.5%	91.4%	92%	92.9%	93.3%
	% of children waiting < 20 weeks for an elective procedure (inpatient and day case)	M	60%	48.1%	-19.8%	58.9%	48.7%	41%	60.3%	61.6%	39.9%	47.2%	46.1%	47.1%	48.1%
	% of people waiting < 52 weeks for first access to OPD services	M	85%	80.7%	-5%	86.1%	80.9%	83.3%	75.8%	77.3%	82.6%	77.8%	81.7%	80.8%	80.7%



	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
<b>Colonoscopy / Gastrointestinal Service</b> % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD <b>Emergency Care and Patient Experience Time</b> % of all attendees at ED who are discharged or admitted within 6 hours of registration % of all attendees at ED who are discharged or admitted within 9 hours of registration <b>Delayed Discharges</b> No. of beds subject to delayed discharges (Individual Hospital Group target) <b>Symptomatic Breast Cancer Services</b> % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals (zero tolerance) <b>Lung Cancer</b> % of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres (zero tolerance) <b>Prostate Cancer</b> % of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres (zero tolerance) <b>Radiotherapy</b> % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included) (zero tolerance) <b>Ambulance Turnaround Times</b> % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	M	70%	58%	-17.1%	69.6%	45.1%	53.7%	69.9%	73.2%	57.2%	55.4%	52.9%	56.9%	58%
	M	75%	67.3%	-10.3%	68.5%	59.8%	62.4%	65.8%	56.6%	70.4%	87.7%	67.5%	66.3%	64.3%
	M	100%	81.5%	-18.5%	81.7%	76.5%	77.2%	79.3%	71.7%	86.0%	96.4%	81.7%	80.5%	79.5%
	M	<500	436	12.8%	116	105	126	39	5	43	2	602	525	436
	M	95%	87.9%	-7.4%	99.1%	62.2%	99.9%	79.6%	98.4%	87.6%		91.1%	90.1%	78.1%
	M	95%	81.5%	-14.2%	99.2%	94.4%	80.3%	69.3%	55.7%	91.4%		86.2%	84.5%	84.6%
	M	90%	53.4%	-40.7%	69%	38.2%	66.1%	14.5%	14.8%	85.3%		49.5%	46.7%	65.1%
	M	90%	83.1%	-7.7%		81.2%		77.3%	98.9%	87.5%		79.1%	77.8%	76.3%
	M	95%	92.9%	-2.2%	94.9%	96.2%	96%	89.8%	94%	86.8%	94.1%	93.8%	92.2%	89.2%

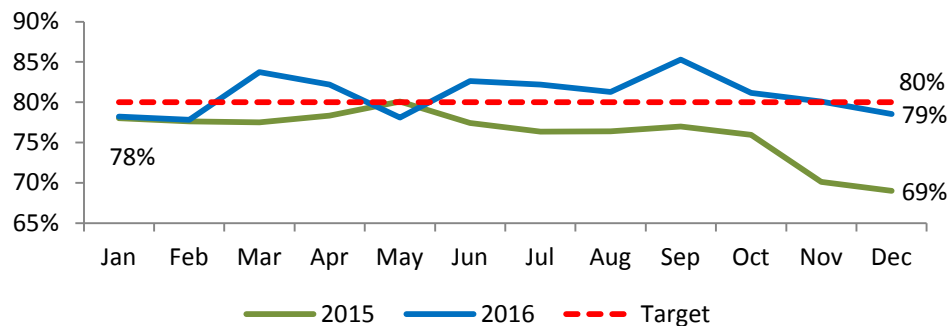
			Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
Finance	Budget Management including savings															
	Net Expenditure variance from plan (within budget (0.33%))															
	- % variance - from budget	M	€4,352,349	€4,401,266	1.12%	0.61%	1.89%	0.53%	-0.13%	2.17%	2.14%	1.76%	0.87%	1.24%	1.12%	
	- % variance - Pay (Direct)	M	€3,530,846	€3,532,370	0.04%	0.31%	0.71%	-0.15%	-0.47%	0.97%	0.06%	-1.99%	0.01%	0.08%	0.04%	
	- % variance - Pay (Agency)	M	€174,691	€207,131	18.57%	39.60%	41.04%	-1.18%	22.61%	12.15%	-1.12%	194.42%	36.50%	20.74%	18.57%	
	- % variance - Pay (Overtime)	M	€157,152	€175,227	11.50%	18.71%	35.13%	-3.42%	8.94%	22.62%	2.53%	4.65%	16.60%	11.30%	11.50%	
	- % variance - Non Pay	M	€1,687,798	€1,710,061	1.32%	1.87%	0.63%	0.72%	1.06%	0.61%	1.33%	7.23%	0.38%	1.49%	1.32%	
	- % variance – Income	M	-€1,043,712	-€1,007,697	-3.45%	1.29%	-4.86%	-1.94%	0.50%	-10.21%	-10.21%	-6.09%	-2.53%	-3.36%	-3.45%	
	Regional and National Services	M	€32,650	€39,716	21.64%								146.93%	31.29%	21.64%	
	Net Expenditure variance from plan (incl Regional & National Services)	M	€4,384,999	€4,440,983	1.28%								1.61%	1.48%	1.28%	
	NCCP	M	€3,551	€3,054	-13.99%								-2.34%	-6.54%	-13.99%	
	Acute Hospitals private charges – Debtor Days – Consultant Sign-off	M	90%15days by 31/12/2016	40	50%								50%	49%	50%	
	Acute Hospitals private income receipts variance from Actual v Plan	M	≤5%	€652,725	0%								0%	0%	0%	
Service Arrangements																
	No and % of Service Arrangements signed (23/12/16)	M	100%	17 100%	0%								100%	100%	100%	
	€ value and % of Service Arrangements signed (23/12/16)	M	100%	1,751,618 100%	0%								100%	100%	100%	
HR	% Absence															
	Overall	M in arrears	3.50%	4.07%	-16.28%	3.89%	3.83%	4.21%	3.98%	6.01%	3.76%	4.04%	4.09%	4.20%		
	Medical/Dental			0.86%	75.42%	0.64%	0.82%	0.78%	1.09%	1.11%	0.82%	1.07%	0.84%	0.80%		
	Nursing			4.68%	-33.71%	4.31%	4.11%	5.23%	4.56%	6.68%	4.59%	4.60%	4.63%	4.90%		
	Health and Social Care Professional			3.21%	8.28%	3.06%	3.16%	2.85%	3.79%	4.12%	2.83%	3.28%	3.45%	3.22%		
	Management/Admin			4.03%	-15.14%	3.85%	3.96%	4.51%	3.63%	5.01%	3.72%	4.27%	4.14%	4.16%		
	General Support staff			5.40%	-54.28%	5.80%	4.98%	5.09%	5.45%	6.54%	4.85%	6.78%	5.49%	5.47%		
	Other Patient and Client staff			6.16%	-76.00%	5.81%	6.18%	6.84%	4.47%	9.88%	4.72%	5.99%	6.09%	6.64%		
	Staffing Levels and Costs															
	WTE change from previous month	M		54,145	191	20	57	23	59	21	12	0	244	186	191	
Variance from funding staffing thresholds	M	0.50%	Data not yet available													
EWTD Compliance																
EWTD - <24 hour shift	M	100%	97%	-3%	97%	99%	96%	99%	92%	98%	95%	97%	97%	97%		
EWTD - <48 hour working week	M	95%	81%	-14.7%	77%	66%	76%	91%	93%	92%	64%	81%	81%	81%		

## **National Ambulance Service**

# Response Times

## ECHO Response Times

- **79% (337)** arriving at scene within 18 minutes, 59 seconds or less. **80% (318)** in November, **81% (340)** in October. **81% YTD** (Target 80%)
- **Improvers:** Dublin Fire Brigade 86%, Western Area 76%
- **Disimprovers:** North Leinster 75%, Southern Area 73%
- **97%** ECHO calls had a resource allocated within 90 seconds (target 85%)



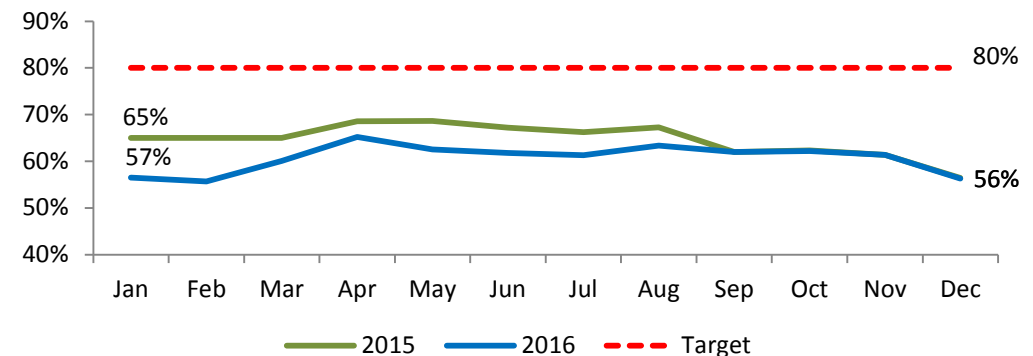
## Intermediate Care Vehicle (ICV) Transfers

- **89%** of transfers provided through ICV, **90%** in November, **88%** in October. **89% YTD** (Target > 80%)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of Patient Transfer Calls	2,671	2,506	2,451	2,367	2,570	2,384	2,305	2,477	2,511	2,256	2,435	2,329
ICV	2,332	2,229	2,156	2,080	2,277	2,134	2,074	2,213	2,245	1,981	2,185	2,067
% ICV Transfer	87%	89%	88%	88%	89%	90%	90%	89%	89%	88%	90%	89%

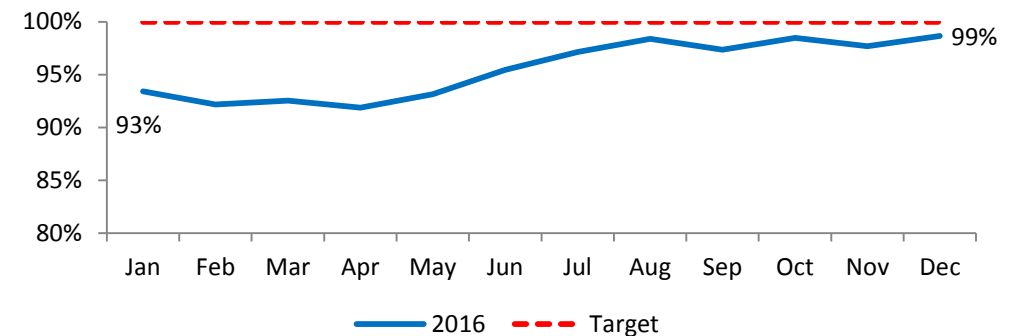
## DELTA Response Times

- **56% (6,532)** arriving at scene within 18 minutes, 59 seconds or less. **61% (5,798)** in November, **62% (6,277)** in October. **61% YTD** (Target 80%)
- **Disimprovers:** North Leinster 57%, Dublin Fire Brigade 54%, Southern Area 57%, Western Area 57%
- **89%** DELTA calls had a resource allocated within 90 seconds (target 85%)



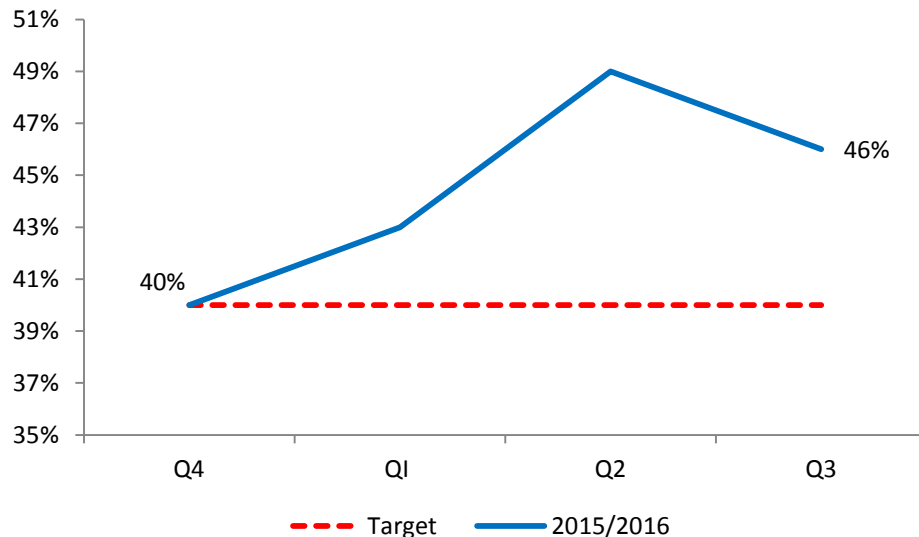
## Volume of Escalations

- **99%** of ambulance turnaround delays were escalated, **98%** in November, **98%** in October. **96% YTD** (Target 100%)



## ROSC

Return of spontaneous circulation (ROSC) at hospital bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation (Quarterly in arrears)



## Ambulance Services Commentary

Recruitment is concluding for Community Engagement Officers, to drive the increased number of CFR schemes. This is a critical development for the service as part of the wider urgent and Emergency Care System.

An up-to-date suite of performance reports continues to be rolled out from the new CAD system to NAS managers to aid improved performance through better deployment of resources. This rollout will be complete by the 31st March 2017. This month, the total number of AS1 – 112/ 999 emergency and urgent calls and AS2 - urgent calls received from a General Practitioner or other medical sources was 29,933; activity volume this month has increased by 1,804 since the same month last year and

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has increased by 3% year to date. The daily average call rate was 966 (31 days in this month). Our clinical outcome target (ROSC) for cardiac patients, which is measured quarterly, is at 36%. This is down from the previous quarter.

ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 79% this month. This is down 1% on last month. ECHO calls have increased by 10% (419), compared to the same month last year. Year to date activity has increased by 42%, despite the same level of resources being in place to meet this need.

DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 65% in 18 minutes and 59 seconds was 56% this month. Nationally there was a 13% (1,401) increase in DELTA call activity compared to same month last year. Year to date activity is up 19% (20,090), with the same level of resources in place to meet this demand.

There were 11,816 emergency calls made over this period, as compared to 9,979 for the Christmas period of 2015. This represents an overall increase of 18%. The 8th December was particularly busy for AS1/AS2 calls received, with 876 calls made (due to seasonal factors).

Key challenges in achieving the response times performance target are:

- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. In comparison to the same month last year there is a 12% increase in delays in vehicles being released and having crews and vehicles available to respond to further calls within 30 minutes or less.
- An increase in the overall number of emergency calls, at 3% year to date and an increase in the calls in the Delta category continues to present a challenge for Delta calls response times.

# Ambulance Services Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Reportable Events</b>											
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	100%	0%							
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%									
	<b>Service User Experience</b>											
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	58%	-22.7%					65%	83%	52%
	<b>Safety Incident reporting</b>											
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	79%	-12.2%					71%	81%	90%
	<b>Audit</b>											
	National Emergency Operations Centre : % of control centres that carry out Advanced Quality Assurance Audits	M	100%	100%	0%					100%	100%	100%
Access	National Emergency Operations Centre: % Medical Priority Dispatch System (MPDS) Protocol Compliance	M	90%	92%	2%					94%	93%	90%
	<b>ROSC</b>											
	Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	Q in arrears	40%	46%	15%					43%	53%	36%
	<b>Emergency Response</b>											
	% of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	81%	1%	82%	78%	75%	86%	81%	80%	79%
	% of Echo calls which have a resource allocated within 90 seconds of call start	M	85%	95%	12%					97%	97%	97%
	% of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	61%	-24%	62%	60%	60%	60%	62%	61%	56%
	% of Delta calls which have a resource allocated within 90 seconds of call start	M	85%	89%	5%					93%	92%	89%
	<b>Intermediate Care Services:</b>											
	% of all transfers provided through the Intermediate Care Service	M	80%	89%	11%					88%	90%	89%
	% of ambulance turnaround delays escalated, where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	M	100%	96%	-4%					98%	98%	99%

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current
Finance	<b>Budget Management including savings</b>											
	<b>Net Expenditure variance from plan (within budget) (0.33%)</b>											
	% variance - from budget	M	€152,898	€146,853	-3.95%					-2.86%	-4.28%	-3.95%
	- % variance - Pay (Direct)	M	€113,168	€107,675	-4.85%					-2.64%	-2.40%	-4.85%
	- % variance - Pay (Agency)	M	€0	€477	100%					100%	100%	100%
	- % variance - Pay (Overtime)	M	€6,794	€16,716	146.04%					148.46%	147.95%	146.04%
	- % variance - Non Pay	M	€40,090	€39,690	-1.00%					-3.39%	-9.17%	-1.00%
	- % variance – Income	M	-€5,807	-€5,993	3.20%					9.51%	1.29%	3.20%
HR	<b>% Absence</b>											
	Overall			6.57%	-87.71%	8.21%	5.55%	5.59%		6.08%	6.45%	
	Management/Admin	M in arrears	3.50%	4.93%	-40.85%	1.54%	16.55%	5.61%		4.87%	1.77%	
	General Support staff			19.56%	-458.85%	21.44%	1.13%	26.07%		8.12%	9.20%	
	Other Patient and Client staff			6.12%	-74.85%	7.07%	5.83%	5.34%		6.23%	6.78%	
	<b>Staffing Levels and Costs</b>											
	WTE Change from previous month	M	1,744	11						9	39	11
	Variance from funding staffing thresholds	M	0.50%	Data not yet available								

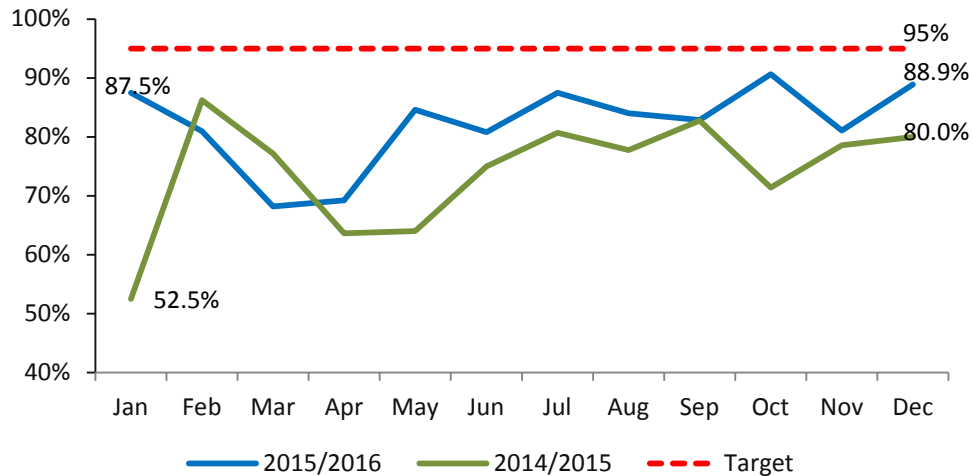
## Mental Health



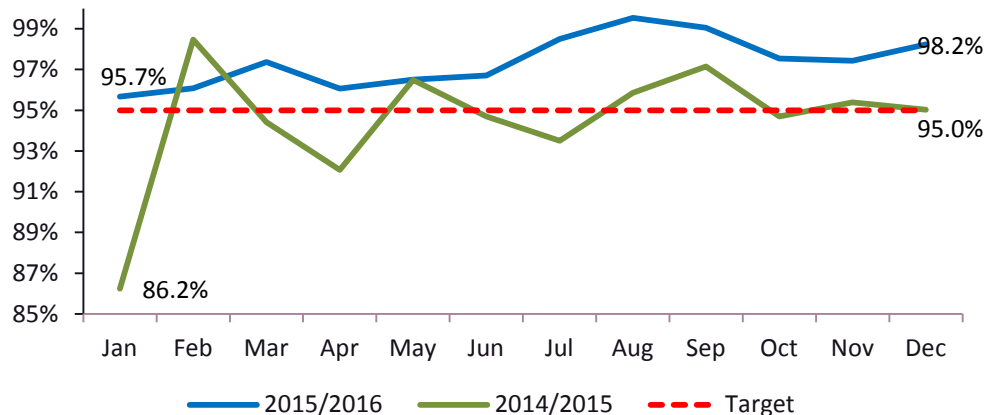
# Child and Adolescent Mental Health Services (CAMHs)

## Admission of children to CAMHs Inpatient Units

- **88.9% admitted, 81.1% in November, 90.6% in October, 82.1% YTD** (Target 95%)

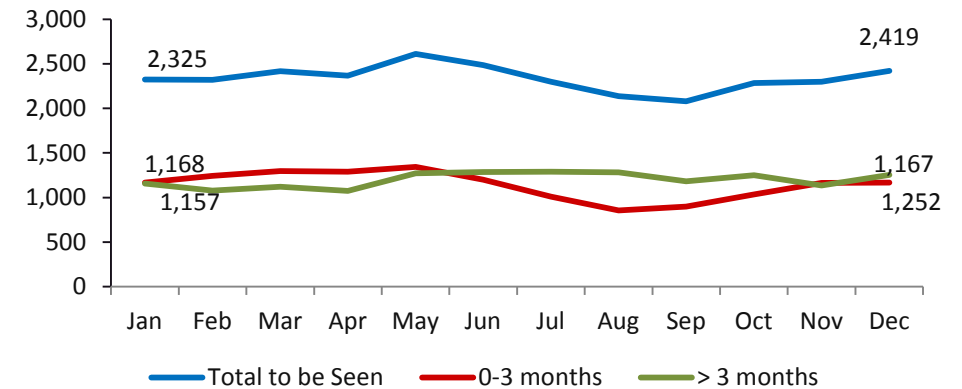


- **98.2% bed days used** in Child Adolescent Acute Inpatient Units as a total of bed days. **97.4% in November, 97.5% in October. 97.4% YTD** (Target 95%)

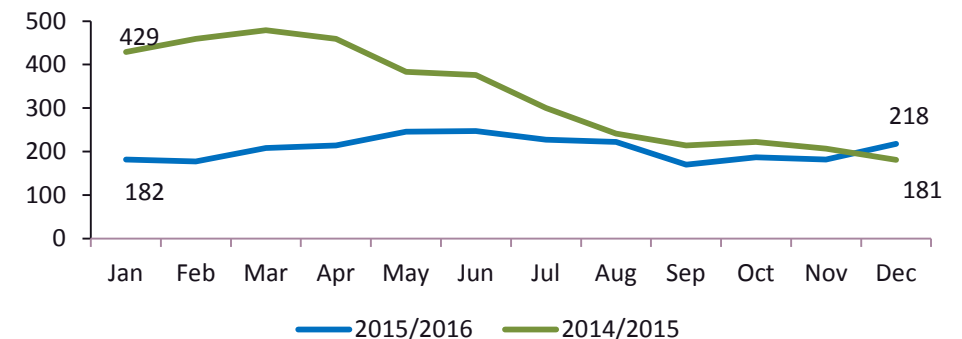


## CAMHs Waiting List

- **2,419** referred to be seen, **2,298** in November, **2,284** in October
- **1,252 waiting > 3 months for a first appointment, 1,134** in November, **1,251** in October
- **Demand exceeds expected activity:** CHO1 (299) & CHO4 (367)
- **Data gaps:** CHO9 (2 teams)



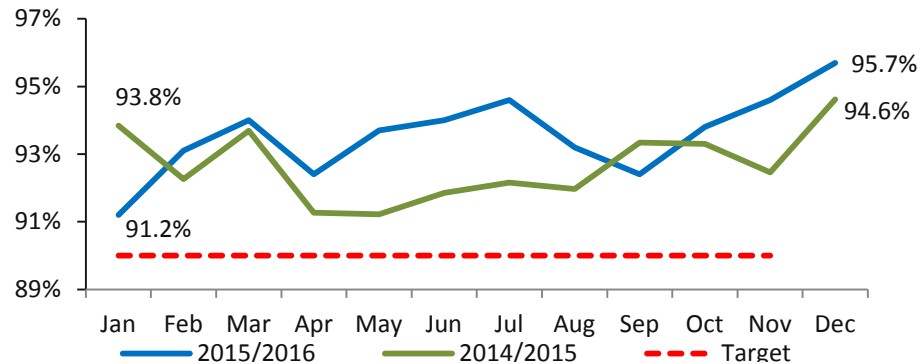
- **218** (10% of waiting list) **waiting >12 months** for an appointment. **182** in November, **187** in October. (Target 0)
- **Outliers:** CHO1 (93), CHO2 (2), CHO3 (30), CHO4 (75), CHO 8 (1) and CHO9 (17)
- **Data gaps:** CHO9 (2 teams)



## General Adult MH

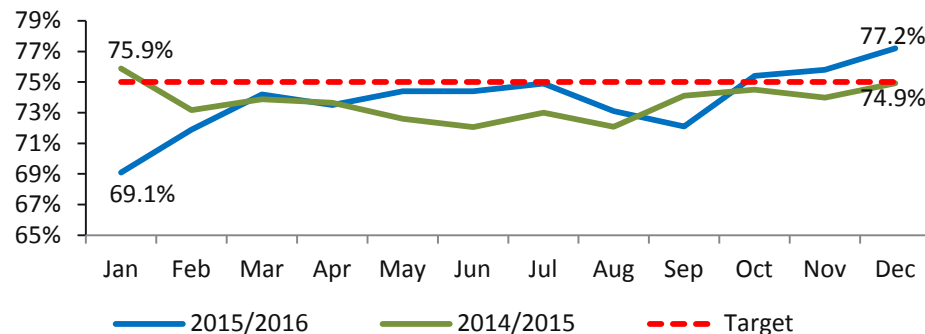
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **95.7%** of referrals/re-referrals, **94.6%** in November, **93.8%** in October. **93.5%** YTD (Target >90%)
- **Above target:** CHOs 1, 2, 3, 5, 6, and 8 all performed above target
- **Below target:** CHO4 (89.8%) CHO 7 (89.2%) & CHO9 (86.3%)



Referrals / re-referrals offered first appointment and Seen within 12 weeks / 3 months

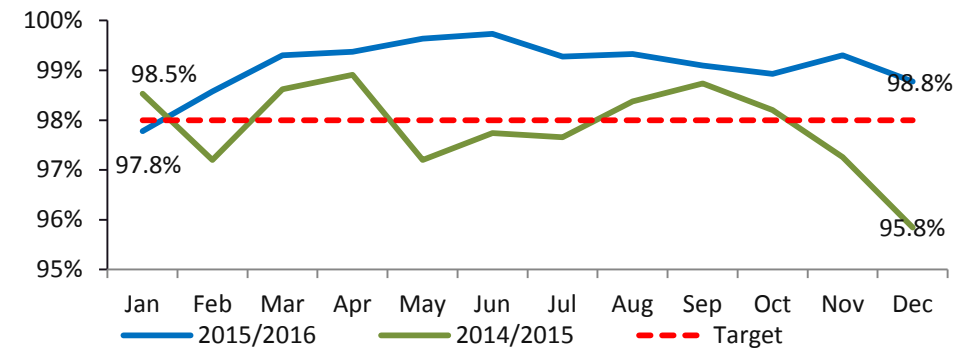
- **77.2%** of referrals/re-referrals, **75.8%** in November, **75.4%** in October. **73.5%** YTD (Target >75%)
- **Above target:** CHO1 (77%), CHO2 (87.6%), CHO5 (88%), CHO6 (82.1%) & CHO 7 (73.3%)
- **Below target:** CHO3 (70.6%) CHO4 (62.6%), CHO8 (66.6%) & CHO 9 (61.2%)



## Psychiatry of Old Age MH

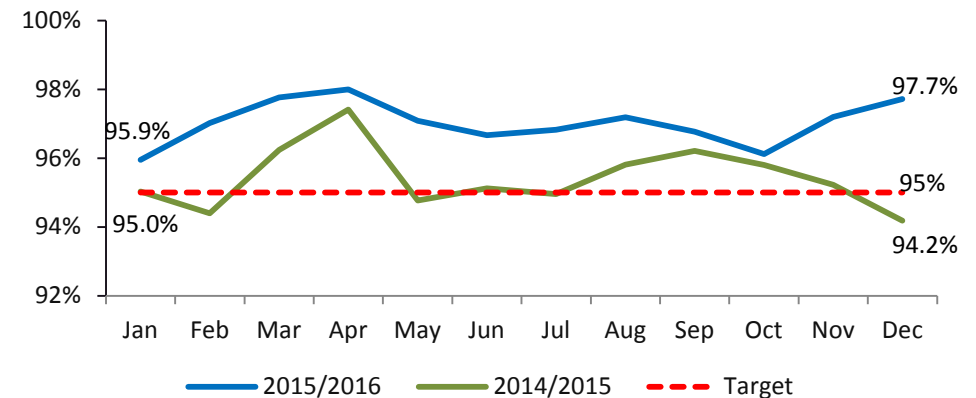
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **98.8%** of referrals/re-referrals, **99.3%** in November, **98.9%** in October. **99.1%** YTD (Target >98%)
- **Above target:** CHOs 1, 2, 3, 5, 6, 7, 8 & 9 with CHOs 2, 3, 5, & 6 at 100%
- **Below target:** CHO4 (94.9%)



Referrals/re-referrals offered first appointment and Seen within 12 weeks / 3 months

- **97.7%** of referrals/re-referrals, **97.2%** in November, **96.1%** in October. **97%** YTD (Target >95%)
- **Above target:** CHOs 1, 2, 3, 5, 6, 7 & 9 with CHOs 6 at 100%
- **Below target:** CHO4 (82.3%) and CHO 8 (92.3%)



## Mental Health Commentary

The level of vacancies and difficulty in recruiting and retaining skilled staff, particularly nursing and medical staff, poses a significant challenge for the provision of Mental Health Services. This is impacting on the delivery of services, and reflected in underperformance within CHOs. The MH Division continues to work with CHOs to maximise and ensure the most effective use of resources.

Mental Health Services can expect a higher than average DNA rate linked to clinical presentation. However, the Division continues to work with CHOs to maximise attendance to ensure the most effective use of resources.

### Child Adolescent Acute Inpatient Units (CAMHs)

The priority for the Division is to reduce the numbers of children admitted to adult acute inpatient units and to minimise the length of stay.

- In December, 88.9% of children who were admitted were admitted to child and adolescent inpatient units, as against 81.1% in November & 90.6% in October.
- In December 2016, 98.2% of bed days used were in Child and Adolescent Acute Inpatient Units, against 97.4% in November & 97.5% in October.

Performance continues to be above the target of 95%, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to a minimum.

### CAMHS

#### Access to Child and Adolescent Mental Health Services

In December, 76.4% of appointments were offered within 12 weeks/3 months (Target 78%) compared to 79.1% in November. Of appointments offered and seen 78.9% were within 12 weeks/3 months (Target 72%)

compared to 75.7% in October. To date nationally, 12.3% of patients Did Not Attend (DNA) their first appointment offered.

The CAMHs Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months is continuing despite the challenges presented by the level of vacancies and the difficulty in recruiting. The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. The >12 month waiting list increases are mostly restricted to CHO 1,3,4, and CHO 9 These increases relate significantly to availability of primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness.

As previously reported, each CHO with waiting lists > 12 months has been written to by the Service Improvement Lead and National Director to provide management plans to address their respective lists. Work is continuing within each CHO area to focus efforts on reducing the >12 month lists.

- 2,419 referred to be seen in December, 2,298 in November versus 2,284 in October, an increase of 121 cases (+5.2%)
- 1,167 cases waiting > 3 months for a first appointment in December, 1,134 November versus 1,251 in October an increase of 33 cases (+2.9%)
- 218 cases waiting >12 months for an appointment. 182 cases recorded in November 187 cases recorded in October
- Over the past year, the >12 months waiting lists has increased by 36 cases (+19.7%) from 182 cases to 218.
- Over the past 24 months, the >12 month waiting list has reduced by 211 (49.2%) cases from 429 cases to 218.

## Adult Mental Health Services

### General Adult Community Mental Health Team (GAMHT)

Nationally, performance against **% offered first appointment within 12 weeks / 3 months** exceeds the target.

In December, performance against **% offered first appointment and seen within 12 weeks / 3 months** is above the 75% target at 77.2%. 22.1% of patients Did Not Attend (DNA) their first appointment offered, with high DNA rates ranging from 31.1% in CHO 9 to 32.2% in CHO 4. CHOs are reporting that they are making significant efforts in the management of DNAs some of which relate to areas with particular socioeconomic groups.

### Psychiatry of Old Age Team (POA)

Nationally performance exceeds target for **% offered first appointment within 12 weeks / 3 months**.

Nationally performance exceeds target for **% offered first appointment and Seen within 12 weeks / 3 months**.

CHOs which had been underperforming are beginning to improve their performance as their recruitment challenges are being addressed.

# Mental Health Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Reportable Events</b>															
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)															
	M	99%	52%	-47.5%										0%	60%	0%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer															
	M	90%	0%	-100%												
	<b>Service User Experience</b>															
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>8</sup>															
	Q	75%	79%	5.3%										84%	74%	78%
	<b>Safety Incident reporting</b>															
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO <sup>8</sup>															
	Q	90%	44%	-51.1%	49%	55%	47%	30%	22%	56%	27%	52%	49%	44%	44%	50%
	<b>CAMHs</b>															
	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units.															
	M	95%	82.1%	-13.6%										90.6%	81.1%	88.9%
	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units															
	M	95%	97.4%	2.5%	98.1%	99.9%	99.0%	97.9%	96.4%	99.9%	99.3%	89.8%	96.0%	97.5%	97.4%	98.2%
	<b>% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:<sup>9</sup></b>															
	General Adult Teams															
	M	90%	93.5%	3.9%	91.9%	99.4%	96.3%	89.8%	95.2%	98.6%	89.2%	95.0%	86.3%	93.8%	94.6%	95.7%

<sup>8</sup> This covers all Community Healthcare  
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		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Psychiatry of Old Age Teams	M	98%	99.1%	1.1%	98.2%	100.0%	100.0%	94.9%	100.0%	100.0%	98.8%	98.1%	98.8%	98.9%	99.3%	98.8%
	Child and Adolescent Community Mental Health Teams	M	78%	77.0%(i)	-1.3%	61.9%	97.3%	86.0%	64.1%	80.4%	74.7%	68.1%	79.8%	69.6%(i)	81.4%	84.6%	84.3%(i)
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by: <sup>9</sup>																
	General Adult Teams	M	75%	73.8%	-1.6%	77.0%	87.6%	70.6%	62.6%	88.0%	82.1%	73.3%	66.6%	61.2%	75.4%	75.8%	77.2%
	Psychiatry of Old Age Teams	M	95%	97.0%	2.1%	95.5%	98.8%	99.4%	82.3%	99.4%	100.0%	98.0%	92.3%	97.9%	96.1%	97.2%	97.7%
	Child and Adolescent Community Mental Health Teams	M	72%	68.4%(i)	-5.0%	60.0%	92.2%	83.4%	57.1%	68.9%	61.3%	57.1%	66.8%	59.8%(i)	75.7%	79.1%	76.4%(i)
	% of new (including re-referred) cases offered appointment and DNA in the current month <sup>9</sup>																
	General Adult Teams	M	18%	22.1%	22.8%	17.4%	11.9%	27.2%	32.2%	7.6%	16.8%	19.0%	30.1%	31.1%	20.8%	21.3%	20.1%
	Psychiatry of Old Age Teams	M	3%	2.3%	-23.3%	3.1%	1.2%	0.6%	14.0%	0.6%	0.0%	0.8%	6.2%	1.2%	3.1%	2.2%	1.1%
	Child and Adolescent Community Mental Health Teams	M	10%	12.3%(i)	23.0%	4.9%	5.9%	2.7%	12.5%	13.0%	18.1%	20.4%	17.9%	13.9%(i)	7.8%	7.0%	10.5%(i)
Access	Total no. to be seen or waiting to be seen by CAMHS																
	Total no. to be seen for a first appointment at the end of each month	M	2,449	2,419(i)	1.1%	422	35	284	598	145	366	210	264	95(i)	2,284	2,298	2,419
	Total no. to be seen (0-3 months)	M	1,308	1,167(i)	-10.8%	123	23	120	231	87	236	170	144	33(i)	1,033	1,164	1,167
	Total no. on waiting list for a first appointment waiting > 3 months	M	1,141	1,252(i)	15.4%	299	12	164	367	58	130	40	120	62(i)	1,251	1,134	1,252
	Total No. on waiting list for a first appointment waiting > 12 months	M	0	218(i)	>100%	93	2	30	75	0	0	0	1	17(i)	187	182	218(i)
Finance	Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)																
	% variance - from budget	M	€807,571	€803,870	-0.46%	1.53%	6.32%	3.80%	2.41%	1.44%	3.50%	4.34%	5.91%	-0.13%	-0.84%	-0.90%	-0.46%
	- % variance - Pay (Direct)	M	€650,150	€638,141	-1.85%										-1.36%	-1.49%	-1.85%
	- % variance - Pay (Agency)	M	€15,600	€43,141	176.54%										175.00%	179.14%	176.54%
	- % variance - Pay (Overtime)	M	€15,463	€21,643	39.97%										39.58%	40.89%	39.97%
	- % variance - Non Pay	M	€175,571	€182,046	3.69%										-0.07%	0.18%	3.69%

<sup>9</sup> (i) – Incomplete data, see Appendix 2  
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		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	- % variance – Income	M	-€19,510	-€17,707	-9.24%										-10.47%	-9.86%	-9.24%
	<b>Service Arrangements</b>																
	No and % of Service Arrangements signed (23/12/16)	M	100%	187 85.78%	14.22%										81.68%	85.78%	85.78%
	€ value and % of Service Arrangements signed (23/12/16)	M	100%	67,570 99.19%	0.81%										79.13%	99.19%	99.19%
HR	<b>% Absence</b>																
	Overall	M in arrears	3.50%	4.57%	-30.57%	5.37%	3.99%	6.64%	3.35%	4.72%	6.07%	4.72%	4.54%	3.90%	4.43%	4.78%	
	Medical/Dental			2.58%	26.28%	1.88%	2.00%	1.51%	2.77%	3.99%	2.56%	4.26%	2.78%	1.27%	3.15%	2.72%	
	Nursing			4.94%	-41.14%	5.76%	4.79%	8.57%	3.63%	4.49%	6.12%	5.14%	4.27%	4.24%	4.43%	5.20%	
	Health and Social Care Professional			3.72%	-6.28%	5.98%	3.33%	3.82%	3.29%	4.35%	1.88%	3.82%	4.49%	2.36%	3.38%	3.28%	
	Management/Admin			3.99%	-14%	3.60%	3.28%	4.10%	2.74%	4.41%	3.84%	5.96%	4.22%	4.30%	4.40%	3.63%	
	General Support staff			5.10%	-45.71%	5.91%	4.13%	4.30%	2.97%	5.81%	1.07%	7.11%	7.61%	5.69%	5.65%	5.49%	
	Other Patient and Client staff			4.45%	-27.14%	6.39%	3.43%	8.93%	2.85%	5.12%	7.18%	2.16%	5.07%	4.74%	6.12%	3.99%	
	<b>Staff Levels and Costs</b>																
	WTE change from previous month	M		9,594	18	3	-6	-8	-5	13	7	2	4	9	10	20	18
	Variance from funding staffing thresholds	M	0.50%	Data not yet available													
	<b>EWTD Compliance (26 of 27 providers)</b>																
	EWTD- <24 hour shift	M	100%	95%(I)	-5%										96%	94%	95%(I)
	EWTD - <48 hour working week	M	95%	93%(I)	-2.1%										92%	93%	93%(I)

## Social Care



# Social Care Balanced Scorecard/Heat Map

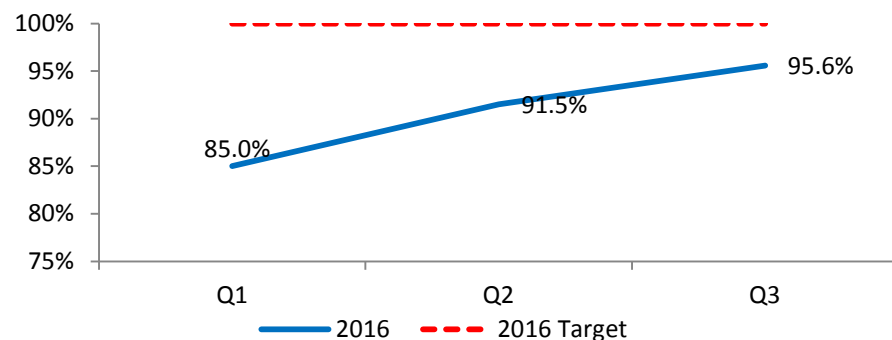
		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9		Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																	
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	21%	-78.8%											17%	14%	13%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	58%	-35.6%													
	Service User Experience																	
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>10</sup>	Q	75%	79%	5.3%											84%	74%	78%
	Safety Incident reporting																	
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO <sup>13</sup>	Q	90%	44%	-51.1%	49%	55%	47%	30%	22%	56%	27%	52%	49%		44%	44%	50%
	Safeguarding																	
	% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan	Q in arrears	100%	90.9%	-9.1%	95.9%	91.5%	94.4%	87.1%	91.9%	95.9%	85.0%	88.8%	90.8%		91.5%	95.6%	
	% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy	from Q2	100%	88.9%	-11.1%													88.9%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy	from Q2	100%	100%	0%													100%	

This heatmap relates to metrics that cover all of Social Care

<sup>10</sup> This covers all Community Healthcare  
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% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan (Quarterly in arrears)

- **95.6%** in September, **91.5%** in June and **85%** in March (target 100%)
- **Above target:** CHO 3 and CHO 7 (100%)
- **Below target:** CHO1 (95.5%), CHO2 (92.6%), CHO4 (93.4%), CHO5 (98.9%), CHO6 (96.9%), CHO8 (92.9%) and CHO9 (94%)
- The targets in relation to this metric detail activity across the full Social Care Division.



% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy (Quarterly)

- **88.9%** in September, **77.8%** in June and **22%** in March (target 100%)
- The targets in relation to this metric detail activity across the full Social Care Division.
- Safeguarding Teams have been established in each of the 9 CHOs led by a Principal Social Worker, with 33 additional staff appointed.
- Heads of Social Care will chair the CHO Safeguarding & Protection Committee

% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in 9.2 of the policy (Quarterly)

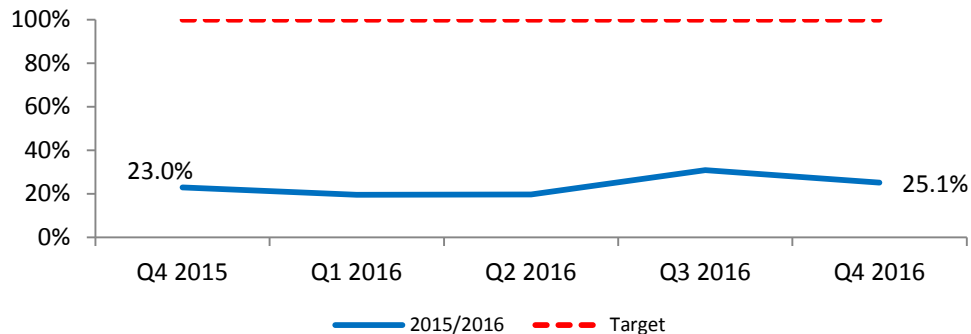
- **100%** December, **100%** September, (Target 100%)
- Safeguarding Teams have been established in each of the 9 CHOs led by a Principal Social Worker, with 33 additional staff appointed.
- For the period January to March 2016 a total of 2,190 staff attended training in comparison with 1,238 staff in January 2015
- A National Intersectoral Safeguarding Committee has been established with representatives from both the HSE and external organisations. The Committee will give strategic direction on developments to promote the protection of vulnerable adults.

## **Social Care – Disability Services**

# Disability Services

Disability Act Compliance - % Assessments completed within the timelines as provided for in the regulations (Quarterly)

- **25.1%** assessments completed within timelines. **30.9%** in Q3 and **19.7%** in Q2 in 2016. **23.9%** YTD (Target 100%)
- **Above target:** All CHOs performing below target
- **Below target:** CHO1 (46.3%), CHO2 (82%), CHO3 (52%), CHO4 (10.6%), CHO5 (18.6%), CHO6 (41.7%), CHO7 (4.5%), CHO8 (40.8%) and CHO9 (5.9%)

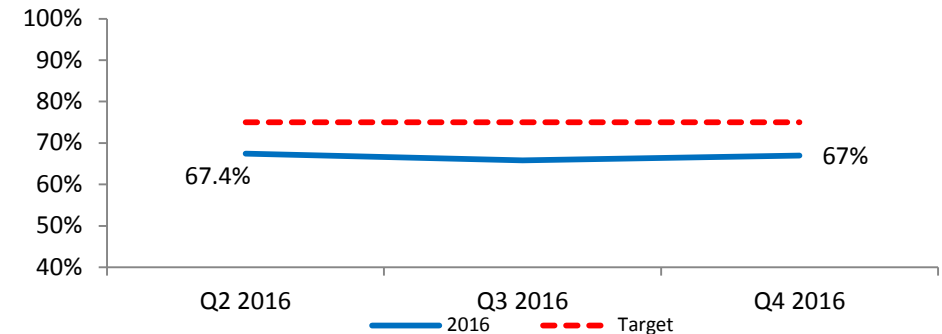


In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF (Bi-Annual)

- **39.1%** of agencies in both June and December (target 100%)
- In addition to the 18 agencies that have a recognised QA System, another five are working towards accreditation. Providers have advised that their main focus is on meeting HIQA Standards.

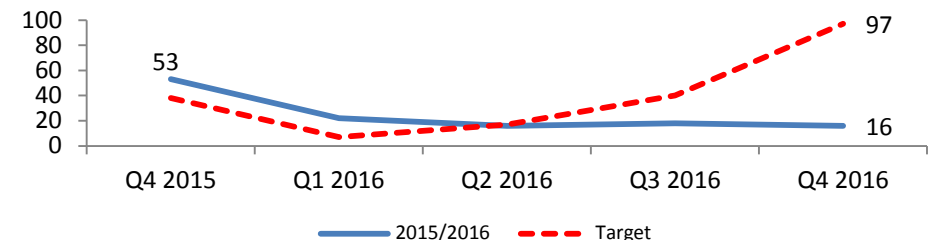
% compliance with inspected outcomes following HIQA inspection of Disability Residential Units (Quarterly)

- **67%** in Q4. **65.8%** in Q3 and **67.4%** in Q2 2016 of outcomes assessed by HIQA were compliant. (Target 75%)



Number of people who transitioned from Congregated to Community settings (Quarterly)

- **16** people transitioned in Q4, **18** transitioned in Q3 and **16** transitioned in Q2. This results in a total of **73** people YTD (Target YTD 161)
- **Below target:** CHO1 (-71%), CHO2 (-83%), CHO3 (-63%), CHO4 (-49%), CHO 5 (-60%), CHO8 (-79%) and CHO9 (-45%)
- **Above target:** CHO6 (100%), CHO7 (75%)
- There was no Target for CHO 6 in Q4

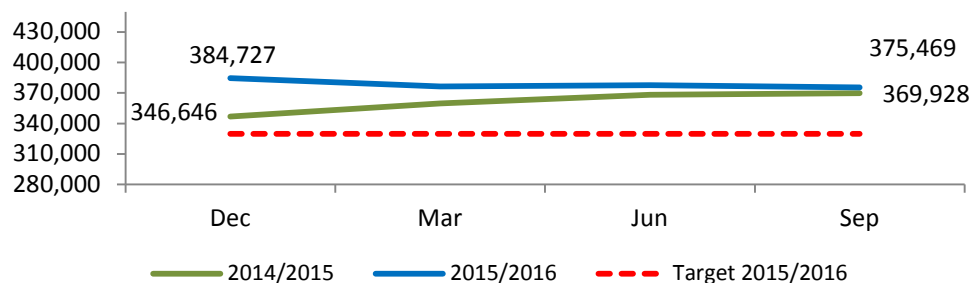


## Disability Services

(Quarterly one month in arrears)

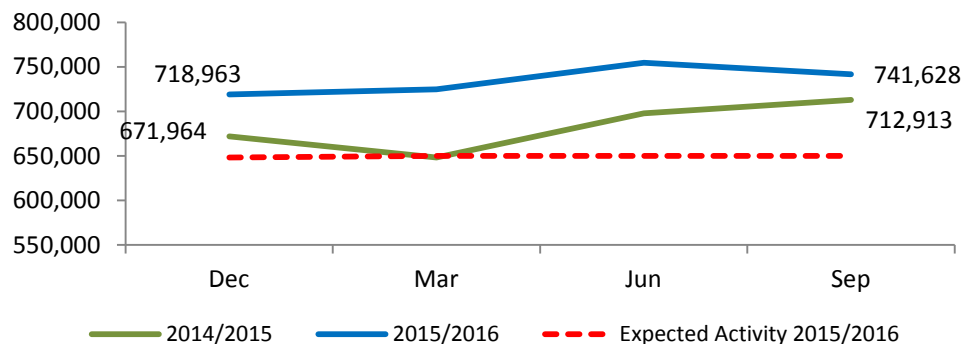
### Number of Personal Assistant (PA) Service hours delivered

- **375,469** hours delivered in Q3, **377,796** in Q2. **1,129,727** YTD (Target YTD 989,109)
- **Above target (% var YTD):** CHO7 65.3%, CHO3 20.4% & CHO2 20.9%
- **Below target (% var YTD):** CHO6 -11.4%



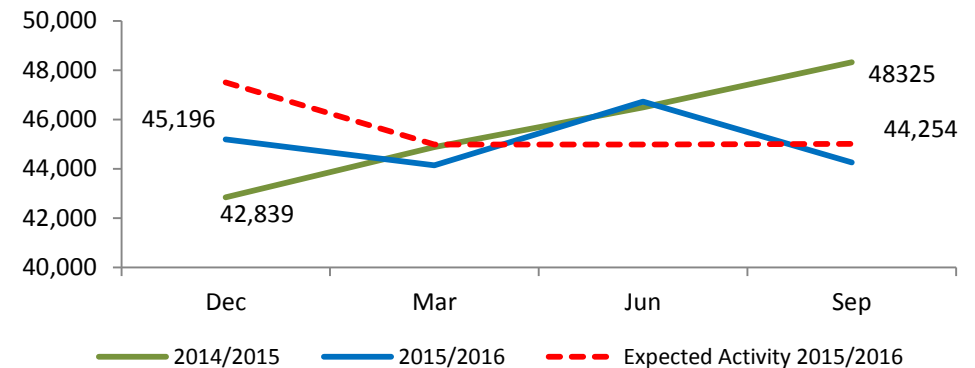
### Number of Home Support Hours delivered

- **741,628** hours delivered in Q3, **754,398** in Q2. **2,220,882** YTD (Target YTD 1,933,639)
- **Above target (% var YTD):** CHO8 38%, CHO5 72.6% & CHO4 18.7%
- **Below target (% var YTD):** CHO3 -9.5%, CHO2 6.8%, CHO1 -6.8%



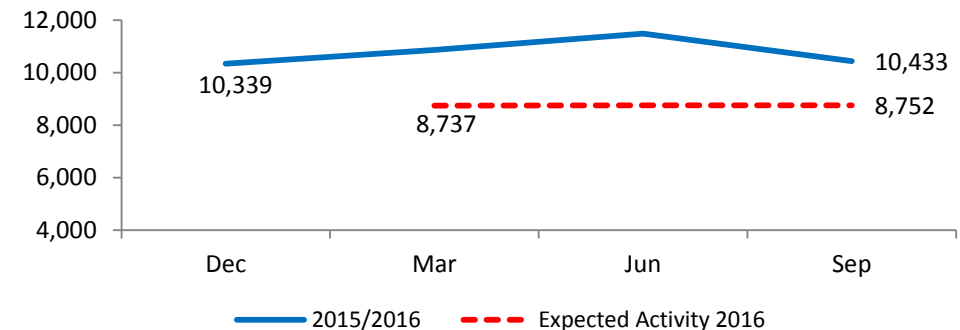
### Number of overnights (with or without day respite) accessed by people with a disability

- **44,254** accessed respite in Q3, **46,720** in Q2. **135,115** YTD (Target YTD 134,979)
- **Above target (% var YTD):** CHO2 24.8% & CHO 3 16.1%
- **Below target (% var YTD):** CHO9 -16.9%, CHO6 -19.4%, & CHO4 -6.1%



### No. of day only respite sessions accessed by people with a disability

- **10,433** sessions delivered in Q3. **11,487** in Q2. **32,783** YTD (Target YTD 26,237)
- **Above target (% var YTD):** CHO5 94.3%, CHO 4 42.2% & CHO 3 61.1%
- **Below target (% var YTD):** CHO6 -3.6%, & CHO CHO2 -4.4%



# Disability Services Commentary

## Number of Children's Disability Network Teams established (0-18s)

- No teams established in 2016.
- For December targets are applicable for CHO9
- Work remains ongoing in relation to progressing the establishment of co-located Children's Disability Network Teams. Work remains ongoing in relation to addressing accommodation and staffing requirements in relation to same.

## Number of people who transitioned from Congregated to Community settings

The number of people 'transitioned' from congregated settings in 2016 was 73 – below the 2016 target of 161. A number of residents are at the final stages of preparation of the move to community settings. Work will remain ongoing in the early stages of 2017 to progress the transfer of these residents

All areas are continuing to make progress against targets for people to transition to community living. The estimated timeframes can change resulting in some moves progressing more quickly, or more slowly than planned for a number of reasons outlined below:

- Delays in acquisition and fit out of accommodation
- HIQA registration delays
- Personal choice of residents and their families
- Unforeseen changes in support needs (person's care needs substantially change i.e. require hospital admission)

## % compliance with inspected outcomes following HIQA inspection of Disability Residential Units

### HIQA Information Management

Following engagement with HIQA over the past number of months a regular schedule of reports has been arranged to assist communication in relation to Quality and Safety including:

- Location listing for Disability and Older Persons (OSV listings)
- Monitoring Reports (All inspections including legacy information and monthly going forward)
- Actions (all actions following inspections with due dates)

Work is now commencing in relation to the development of a platform to assist managers in relation to the reporting of the above information.

### HIQA Disability Inspections - % Compliance Run Chart

There were 1,428 inspection reports published from January 2014 to the end of May 2016 (HSE provided and HSE-funded). The 2016 Service Plan target for compliance with inspected outcomes following HIQA inspection of Disability Residential Units is 75%. Please note data is captured from Inspection Reports published on the HIQA website. It can take on average four to five months from the date of inspection to the date of publication. In this regard, data up to February 2016 is represented.

## Disability Act Compliance

Since the commencement of Part 2 of the Disability Act in June 2007 the HSE has endeavoured to meet its legislative requirements as set out in the Act.

However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1st June 2002, the number of children aged five and over, and therefore of school-going age, has risen steadily as a percentage of all applications received.

This is reflected in the increasing number of applications for assessment received under the Act each year since the Act was introduced. The number of applications received in 2016 was 5,992.

The Act outlines the statutory timelines under which applications under the Act are to have assessments completed. The HSE National Service Plan 2016 sets a target of 100% 'assessments completed within the timelines as provided for in the regulation'. There have been ongoing challenges in relation to the achievement of this target in the context of the significant increase in the number of applications for assessments under the Act since its implementation.

A Working Group was established to examine the issues/current practice involved in the continued poor performance against targets in this activity with a view to identifying best practice and issuing recommendations and updating guidelines to improve performance against this measure. The Report of the Working Group is complete and a targeted action plan has commenced to improve compliance in CHO4 and CHO9 in the first instance.

# Disability Services Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Service User Experience</b>																
	% of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum / Service User Panel or equivalent for Disability Services	from Q3	100%	67.0%	-33.0%	100.0%	100.0%	100%	100%	0%	100%	0%	100%	0%			67%
	<b>Service Improvement Team Process</b>																
	Deliver on Service Improvement priorities.	Bi-A	100%	75%	-25%												
	<b>Transforming Lives - VFM Policy Review</b>																
	Deliver on VFM Implementation priorities.	Bi-A	100%	74%	-26%												
	<b>Safeguarding</b>																
	% compliance with inspected outcomes following HIQA inspection of Disability Residential Units	Q	75%	63.8%	-14.9%	61.6%	69.7%	64.3%	63.8%	61.5%	58.1%	55.7%	67.9%	65.3%	67.4%	65.8%	67.0%
Access	<b>Effective Care</b>																
	In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	Bi-A	100%	39.1%	-60.9%										Data gap	39.1%	39.1%
	<b>Congregated Settings</b>																
	Facilitate the movement of people from congregated to community settings	Q	161	73	-54.7%	5	4	5	18	10	4	15	5	7	18	17	16
Access	<b>Progressing Disability Services for Children and Young People (0-18s) Programme</b>																
	No of children's disability network teams established	M	100% (129/129) Note 56 of 129 already established	0	-100.0%	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Day Services</b>																
	% of school leavers and RT graduates who have been provided with a placement	Q4	100%	98%	-2%	99%	100%	100%	93%	99%	100%	100%	98%	97%			98%



		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Disability Act Compliance																	
	% of assessments completed within the timelines as provided for in the regulations	Q	100%	23.9%	-76.1%	44.2%	77.6%	51.8%	16.0%	14.2%	26.0%	6.9%	27.5%	3.1%	19.7%	30.9%	25.1%
	Budget Management including savings																
	Net Expenditure variance from plan (within budget)																
	% variance - from budget	M	€1,629,998	€1,649,254	1.18%	3.12%	2.44%	1.37%	1.02%	2.07%	0.22%	1.99%	2.20%	1.37%	1.03%	0.95%	1.18%
	- % variance - Pay (Direct)	M	€615,667	€622,365	1.09%										3.10%	1.65%	1.09%
	- % variance - Pay (Agency)	M	€24,916	€39,437	58.28%										75.39%	59.13%	58.28%
	- % variance - Pay (Overtime)	M	€5,534	€9,207	66.38%										75.96%	65.45%	66.38%
	- % variance - Non Pay	M	€1,075,453	€1,090,855	1.43%										-0.86%	-0.23%	1.43%
	- % variance – Income	M	-€90,732	-€94,256	3.88%										-4.19%	-4.11%	3.88%
Service Arrangements																	
	No and % of Service Arrangements signed (23/12/16)	M	100%	749 95.78%	4.22%										94.04%	95.78%	95.78%
	€ value and % of Service Arrangements signed (23/12/16)	M	100%	1,090,485 93.11%	6.89%										93.72%	93.11%	93.11%
HR	% Absence																
	Overall	M in arrears	3.50%	5.11%	-46.00%	6.80%	5.01%	5.52%	4.70%	5.66%	3.67%	5.27%	6.32%	4.15%	5.12%	5.37%	
	Medical/Dental			1.74%	-50.28%	0.03%	0.37%	0.70%	0.74%	0.10%	3.68%	0.98%	0.00%	3.17%	0.67%	0.33%	
	Nursing			5.58%	-59.42%	6.93%	6.77%	5.76%	5.13%	5.84%	4.55%	5.29%	6.67%	4.42%	5.41%	5.55%	
	Health and Social Care Professional			3.80%	-8.57%	4.61%	4.41%	4.48%	4.86%	6.31%	3.03%	3.11%	4.37%	2.87%	3.68%	4.12%	
	Management/Admin			3.66%	-4.57%	4.68%	3.34%	4.14%	3.68%	5.24%	3.02%	3.31%	4.26%	2.79%	4.13%	4.11%	
	General Support staff			4.71%	-34.57%	6.17%	3.86%	5.81%	4.17%	5.45%	2.72%	5.11%	4.21%	4.89%	4.71%	4.40%	
	Other Patient and Client staff			5.62%	-60.57%	7.20%	4.60%	5.68%	5.15%	5.59%	4.12%	5.94%	7.11%	4.85%	5.61%	5.97%	
	Staffing Levels and Costs																
	WTE change from previous month	M		17,061	27	4	-3	-10	10	-6	8	2	25	-4	100	101	27
Variance from funding staffing threshold	M	0.50%	Data not yet available														

# Disability Services Balanced Scorecard/Heat Map - Quarterly one month in arrears

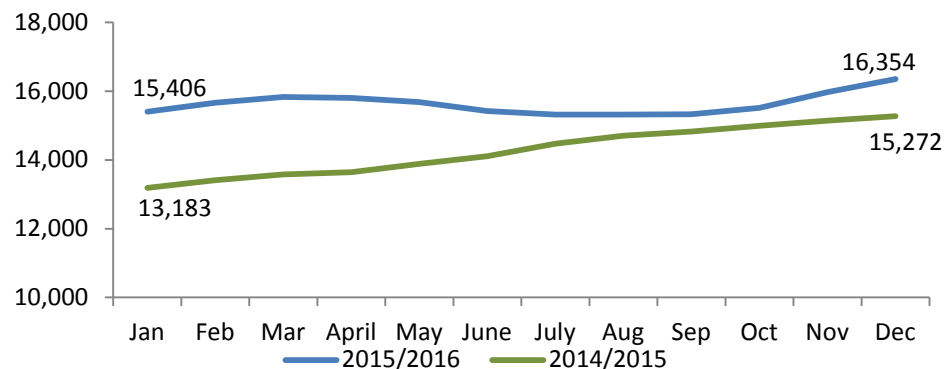
	Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>Personal Assistance</b> No. of PA Service hours delivered to adults with a physical and / or sensory disability <b>Home Support Service</b> No. of Home Support Hours delivered to persons with a disability <b>Respite Services</b> No. of day only respite sessions accessed by people with a disability No. of overnights (with or without day respite) accessed by people with a disability	Q 1 mth in arrears	989,109	1,129,727	14.2%	102,595	216,114	239,940	98,168	79,500	16,292	21,546	128,675	226,897	376,462	377,796	375,469
	Q 1 mth in arrears	1,933,639	2,220,882	14.9%	235,227	128,738	95,858	168,081	272,622	236,336	312,740	448,014	323,266	724,856	754,398	741,628
	Q 1 mth in arrears	26,237	32,783	24.9%	4,158	4,481	11,885	2,158	1,500	1,586	4,179	736	2,100	10,863	11,487	10,433
	Q 1 mth in arrears	134,979	135,115	0.1%	8,484	30,274	11,052	18,926	10,280	10,129	19,397	13,312	13,261	44,141	46,720	44,254

## **Social Care – Older Persons**

# Home Care Packages

## Number of persons in receipt of a Home Care Package

- **16,354** in December, **15,972** in November, **15,512** in October (Expected Activity 15,450 revised to 16,450 at year end to take account of Winter Initiative)
- **Overall national year-end position:** 0.58% below target
- **Delayed discharges waiting for funding for their home care:** reduced from a high of 30 July/September to 2 in December (1 aged <65y & 1 aged >65y).
- **Above/At Expected:** CHO 1 (1.3%), CHO 2 (15.3%), CHO 6 (5.3%)
- **Below Expected** (% var YTD): CHO 3 (-4.0%), CHO 4 (-4.3%), CHO 5 (-0.2%), CHO 7(-7.0%), CHO 8 (-0.8%) and CHO 9 (-2.7%). CHOs 8 & 9 delivered Home Help hours in excess of target in place of HCPs. Some areas experienced carer capacity issues as additional HCPs were being implemented in the last quarter. This continues to be worked through while prioritising hospital discharges. CHO6 has delivered above its HCP target in the absence of HH hours being available.



- Variances on expected activity levels are also linked to the mix of clients in receipt at any time as large numbers of higher than average value HCPs will result in a smaller number being in receipt at a particular time and vice versa. CHOs work within the overall home

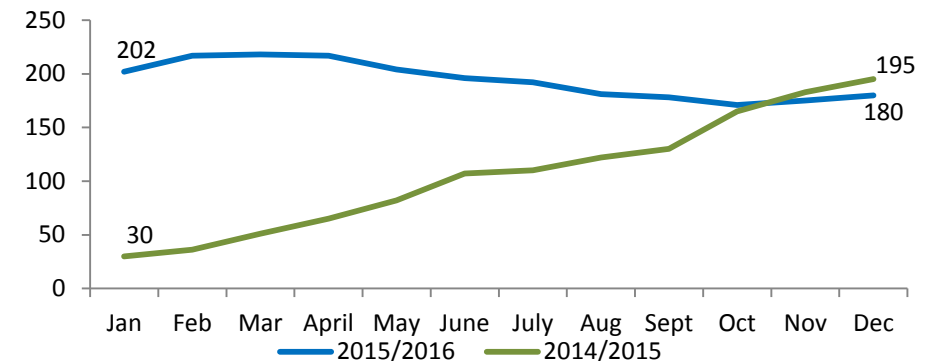
care resources available but having regard to delivery of service related to individual assessed needs.

- Expected Activity Change from 13,200 (13,800 with DDI HCPs included) in 2015 to 15,450 (with DDI HCPs included) in 2016 and re profiled to 16,450 by year end including 2016 winter initiative.

## Number of persons in receipt of an Intensive Home Care Package

- **180** persons in December. This includes 90 persons with dementia – 45 of whom are funded by Atlantic Philanthropies.

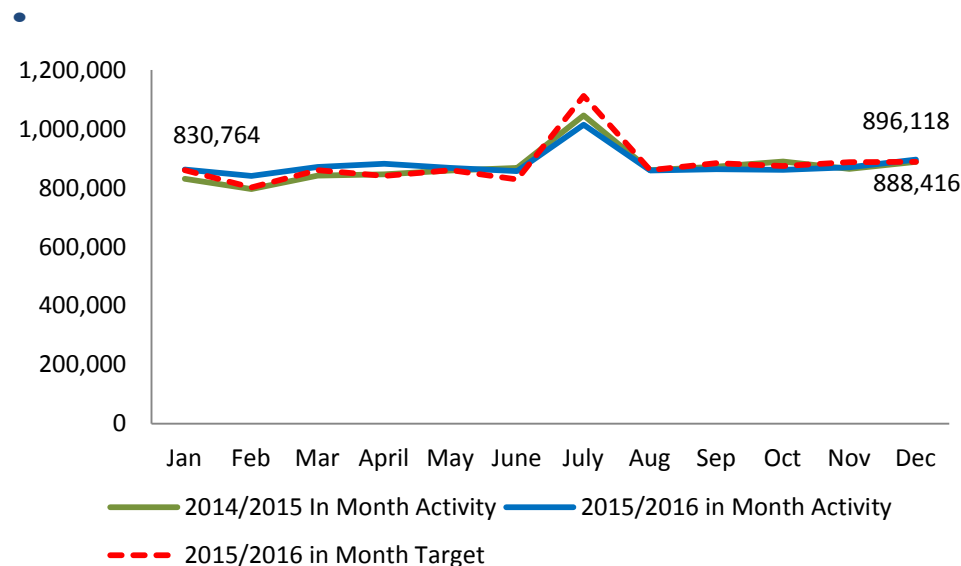
Expected Activity Change from 190 in 2015 to 130 in 2016 - graph shows actual activity (including both HSE funded and Atlantic Philanthropies funded IHCPs). Activity was managed in 2016 to maximise the use the use of the available resources and support greater numbers of persons with dementia to remain at home.



## Home Help Hours

### Number of home help hours provided

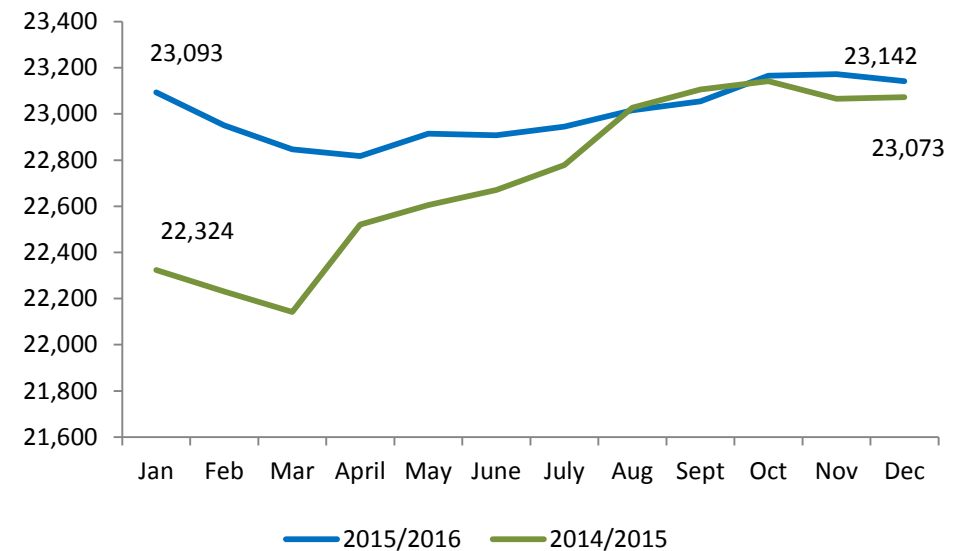
- **896,118** hours in December, **870,060** hours in November, **861,392** hours in October, (Expected Activity 888,736 take account of Winter Initiative)
- **10,547,393** YTD (Expected Activity YTD **10,570,000** to take account of Winter Initiative).
- **Overall national year-end position: 0.2% below target**
- **Above target/on target:** CHO1 (2.7%), CHO2 (4.2%), CHO3 (0.8%), CHO4 (0%), CHO 8 (0.7%) and CHO 9 (2.4%)
- **Below target:** (% var YTD): CHO 5 (-0.4%), CHO6 (-14.2%), CHO 7 (-11.3%)



## Nursing Home Support Scheme

### Number of persons funded under NHSS in long term residential care

- **23,142** in December, **23,172** in November, **23,165** October (Expected Activity 23,450- revised to 22,989 July 2016)
- Expected Activity has been revised to an average of 22,989 for 2016, based on trends for the six months to the end of June 2016.
- Wait times for Dec of 4 Weeks is on target
- 69 more people supported under the scheme than 2015 (.3% increase)
- 400 on the waiting list (↓ from 2,135 October 2014)



## NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients

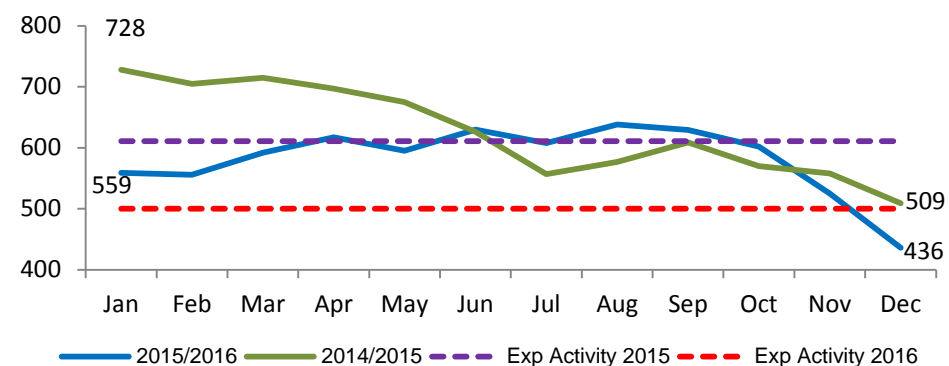
		Sept	Oct	Nov	Dec	YTD 2016	Dec-15
	No. of new applicants	766	727	905	700	10,208	779
	National placement list for funding approval	481	510	401	400	400	358
	Total no. people funded under NHSS in LTRC	23,054	23,165	23,172	23,142	23,142	23,073
Private Units	No. of new patients entering scheme	491	529	529	520	6,430	513
	No. of patients Leaving NHSS	416	400	487	523	5,982	463
	Net Increase	75	129	42	-3	448	50
Public Units	No. of new patients entering scheme	134	134	140	139	1,691	145
	No. of patients Leaving NHSS	128	136	157	146	1,839	157
	Net Increase	6	-2	-17	-7	-148	-12

\*Note: In addition to the leavers above there were a further 231 leavers (20 in Dec) from Contract Beds/Subvention/Section 39 savers beds.

## Delayed Discharges

### Number of Delayed Discharges

- **436** delayed discharges. **525** in November, **602** in October (Expected Activity <500)
- **Best Performers:** Portiuncula 0 (7), Mallow 2 (1), Ennis 0 (1)  
**Outliers:** Beaumont 54 (54), St James's 52 (53) and Tallaght 40 (43)

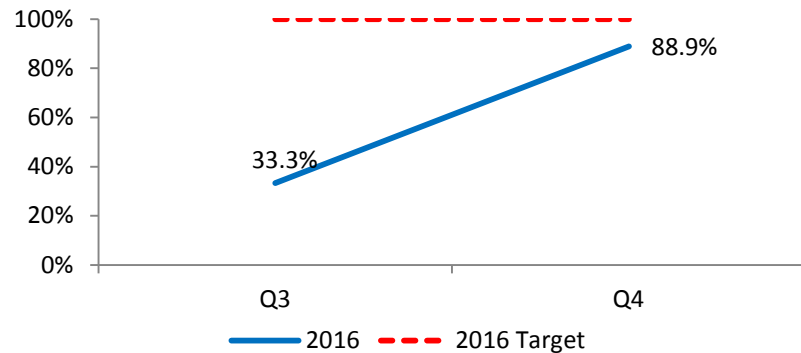


Delayed Discharges by Destination (27/12/2016)	Over 65	Under 65	Total No.	Total %
Home	38	11	49	11.2%
Long Term Nursing Care	273	39	312	71.6%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	40	35	75	17.2%
<b>Total</b>	<b>351</b>	<b>85</b>	<b>436</b>	<b>100%</b>

At end of December there were 22 people in acute hospitals listed as delayed while waiting for home care. This is a reduction of 16 on the November month end position. Of the 22 waiting for home care 5 were aged under 65years. 2 of the 22 (1 <65y & 1 >65y) were approved and waiting for funding for home care and 20 were having their needs assessed/application processed (including 4 people aged under 65 years)

## Percentage of CHO's who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Older Persons Services

- **88.9% December, 33.3% September (Target 100%)**



## Social Care Older Persons Commentary

This month's figure of 436, which is the lowest Delayed Discharges figure recorded since 2014, is a 17 % decrease from the previous month figure of 525 and is below the year end target of 499. The Winter Initiative funding which became available in October is continuing to contribute to the decrease in the Delayed Discharges. The total additional HCPs to be provided is 50 per week from 1<sup>st</sup> October to 30<sup>th</sup> December amounting in total to 650 additional HCPs to year end bringing the overall activity to 16,450 (clients in receipt of HCP) by year end from the September level of 15,327. During December there has been a total of 205 additional Winter Initiative HCPs which is over the target of 200. This has led to a decrease in those waiting for Home care from 87 at the end of September to 22 at the end of December (74% reduction).

The Winter Initiative funding has also facilitated an increased availability of Transitional Care Beds, an additional 15 per week from 1<sup>st</sup> October to 31<sup>st</sup> December for five specific hospitals which is in addition to their average Transitional Care Bed Usage. During December there has been 115 Transitional Care beds approved to these five hospitals. All other hospitals continue to have access to an unlimited number of Transitional care Beds. The total national approval to the end of December is 7,342.

In addition funding was provided to support 18 delayed discharges due to legal reasons/ward of courts to transfer from acute care on an interim basis. All hospitals are adhering to an agreed standardised process in managing such cases. As of the end of December 16 patients have been approved for Ward of Court funding.

Weekly teleconferences with the Winter Planning Group are ongoing to monitor progress plans and targets and feeds into the weekly report to the Director General and the Minister for Health.

# Older Persons Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Service User Experience</b>																
	% of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum / Service User Panel or equivalent for Disability Services	from Q3	100%	88.9%	-11.1%												88.9%
	<b>Service Improvement Team Process</b>																
	Deliver on Service Improvement priorities	Bi-An	100%	65.5%	-34.5%												15.5%
Access	<b>Home Care Packages</b>																
	Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	M	16,450	16,354	-0.6%	1,348	1,375	1,028	1,434	1,044	1,836	1,953	2,300	4,036	15,512	15,972	16,354
	Intensive HCPs: Total No. of persons in receipt of an Intensive HCP at a point in time (capacity)	M	130	180	38.5%	3	32	13	23	10	18	13	14	54	171	175	180
	<b>Home Help</b>																
	No. home help hours provided for all care groups (excluding provision of hours from HCP's)	M	10,570,000	10,547,393	-0.2%	1,462,678	1,384,165	960,387	1,983,144	1,213,568	388,952	714,997	1,294,111	1,145,393	861,392	870,060	896,118
	No. of people in receipt of home help hours (excluding provision from HCPs)	M	47,800	46,948	-1.8%	5,207	5,709	3,457	7,789	5,583	2,837	5,080	6,405	4,881	47,587	47,505	46,948
	<b>NHSS</b>																
	No. of people being funded under NHSS in long term residential care during the month	M	22,989	23,142	0.7%										23,165	23,172	23,142
	No. of NHSS beds in Public Long Stay Units	M	5,255	5,150	-2.0%	534	567	346	1,022	556	386	632	621	486	5,209	5,171	5,150
	No. of short stay beds in Public Long Stay Units	M	2,005	1,921	-4.2%	347	254	184	336	257	165	187	90	101	1,966	1,939	1,921
Finance	<b>Budget Management including savings - Net Expenditure variance from plan (within budget)</b>																
	% variance - from budget	M	€753,498	€747,984	-0.73%	-1.14%	1.61%	-0.39%	-0.51%	0.66%	0.94%	0.52%	-0.97%	0.09%	0.51%	2.49%	-0.73%
	- % variance - Pay (Direct)	M	€683,191	€665,293	-2.62%										-1.05%	-2.10%	-2.62%



		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	- % variance - Pay (Agency)	M	€23,721	€33,432	40.94%										44.74%	45.61%	40.94%
	- % variance - Pay (Overtime)	M	€6,187	€7,393	19.49%										20.64%	21.99%	19.49%
	- % variance - Non Pay	M	€448,459	€46,675	1.83%										1.05%	6.41%	1.83%
	- % variance – Income	M	-€382,823	-€378,728	-1.07%										-1.46%	-1.16%	-1.07%
	Service Arrangements																
	No and % of Service Arrangements signed (23/12/16)	M	100%	1,081 90.46%	9.54%										89.15%	90.46%	90.46%
€ value and % of Service Arrangements signed (23/12/16)	M	100%	171,307 99.83%	0.17%										99.88%	99.83%	99.83%	
HR	% Absence																
	Overall	M in arrears	3.5%	5.11%	-46.00%	6.80%	5.01%	5.52%	4.70%	5.66%	3.67%	5.27%	6.32%	4.15%	5.12%	5.37%	
	Medical/Dental			1.74%	-50.28%	0.03%	0.37%	0.70%	0.74%	0.10%	3.68%	0.98%	0.00%	3.17%	0.67%	0.33%	
	Nursing			5.58%	-59.42%	6.93%	6.77%	5.76%	5.13%	5.84%	4.55%	5.29%	6.67%	4.42%	5.41%	5.55%	
	Health and Social Care Professional			3.80%	-8.57%	4.61%	4.41%	4.48%	4.86%	6.31%	3.03%	3.11%	4.37%	2.87%	3.68%	4.12%	
	Management/Admin			3.66%	-4.57%	4.68%	3.34%	4.14%	3.68%	5.24%	3.02%	3.31%	4.26%	2.79%	4.13%	4.11%	
	General Support staff			4.71%	-34.57%	6.17%	3.86%	5.81%	4.17%	5.45%	2.72%	5.11%	4.21%	4.89%	4.71%	4.40%	
	Other Patient and Client staff			5.62%	-60.57%	7.20%	4.60%	5.68%	5.15%	5.59%	4.12%	5.94%	7.11%	4.85%	5.61%	5.97%	
	Staffing Levels and Costs																
	WTE change from previous month	M		9,743	-8	4	-7	-2	-2	-5	-6	6	2	1	4	-5	-8
Variance from funding staffing thresholds	M	0.50%	Data not yet available														

## Finance

## Introduction

Budget 2016 was the second part of a multi-year programme to place the health services on a more sustainable financial footing and accordingly this is the second year in which an additional budget allocation was made available to the health services.

A Revised Estimate for Health was approved by the Oireachtas on July 7<sup>th</sup> 2016, representing a revised revenue allocation for HSE of €13,489.9m for 2016. Within this amount a sum of €98.5m was held by the Department of Health to fund specific new developments outlined in NSP 2016 (€58.5m) and to support additional Winter Initiatives in 2016 (€40m).

In December 2016 The Department of Health released the balance of the held back funding along with a virement from its Vote. This meant the approved level of net non-capital expenditure for the HSE for 2016 was €13,513.8m

The HSE's final financial position for 2016, prepared on an income and expenditure basis (I&E), shows net expenditure of €13.528 billion against the available budget reported at €13.514 billion. This gives rise to an I/E deficit for the year of €14.2m which represents 0.11% of the total available budget. Of this €25.1m, or the equivalent of 0.25% of the relevant available budget, is in respect of greater than expected expenditure on operational service areas with a surplus of (€10.9m) manifesting in pensions and demand led areas.

The €14.2m or 0.11% variance represents effective financial balance for the health service given the scale of the overall resources available. It demonstrates the benefit of allocating funding early in the year, including the €500m received mid-year 2016, in order to set achievable financial targets for health service managers, clinicians and staff.

## Financial Performance

For 2016 the HSE had expenditure of €13.528 billion against a budget of €13.514 billion leading to a deficit of €14.2m or 0.11%.

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	€000s
Acute Hospitals Division	4,384,999	4,440,983	4,384,999	55,983	1.3%
National Ambulance Service & Emergency Mgt	152,898	146,853	152,898	(6,045)	-4.0%
Health & Wellbeing Division	195,494	184,223	195,494	(11,271)	-5.8%
Primary Care Division (Note 1)	994,217	992,954	994,217	(1,264)	-0.1%
Mental Health Division	807,571	803,870	807,571	(3,702)	-0.5%
Social Care Division	3,291,866	3,286,194	3,291,866	(5,672)	-0.2%
National Cancer Control Programme (NCCP)	3,551	3,054	3,551	(497)	-14.0%
Clinical Strategy & Programmes Division	31,003	30,501	31,003	(502)	-1.6%
Quality Assurance & Verification	3,113	1,189	3,113	(1,925)	-61.8%
Quality Improvement Division	7,848	7,189	7,848	(659)	-8.4%
Other National Divisions / Services	299,696	300,313	299,696	617	0.2%
<b>Total Operational Service Areas</b>	<b>10,172,256</b>	<b>10,197,321</b>	<b>10,172,256</b>	<b>25,065</b>	<b>0.25%</b>
Pensions	305,278	325,796	305,278	20,517	6.7%
State Claims Agency	229,000	228,911	229,000	(89)	0.0%
Primary Care Reimbursement Service (Note 1)	2,545,449	2,512,849	2,545,449	(32,600)	-1.3%
Demand Led Local Schemes (Note 1)	247,684	246,430	247,684	(1,254)	-0.5%
Overseas Treatment	14,090	16,647	14,090	2,557	18.1%
<b>Total Pensions &amp; Demand Led Areas</b>	<b>3,341,501</b>	<b>3,330,632</b>	<b>3,341,500</b>	<b>(10,868)</b>	<b>-0.33%</b>
<b>Grand Total</b>	<b>13,513,757</b>	<b>13,527,953</b>	<b>13,513,757</b>	<b>14,196</b>	<b>0.11%</b>

*Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Pensions & Demand Led Areas*

There is a net deficit within Operational Services of €25.1m. This includes a deficit of €55.9m in Acute Hospitals which is offset by surpluses in a number of other operational and service divisions.

Pensions and Demand Led Areas have a net surplus of €10.9m. Within this, Pensions have a deficit of €20.5m while the Primary Care Reimbursement Service has a surplus of €32.6m. These results are inclusive of revised funding approved by the Oireachtas on July 7<sup>th</sup> and advised to the HSE on July 19<sup>th</sup> 2016 of €500m and virement of €31m from the Department of Health Vote in December 2016.

The additional investment has ensured that the HSE can report a near breakeven position for 2016. The results for each division are broadly in line with expectations.

Significant challenges still remain however with most divisions facing challenges in 2017. Any time related savings utilised will not be available in 2017 as planned developments within divisions come fully on stream. The HSE fully acknowledges the requirement to operate within the limits of the funding notified to it and continued management focus will be required going forward into 2017.

## Acute Hospitals

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	681,763	685,387	681,763	3,624	0.5%
Dublin Midlands	815,209	830,606	815,209	15,397	1.9%
Ireland East	872,694	878,006	872,694	5,312	0.6%
South / South West	747,154	746,202	747,154	(952)	-0.1%
Saolta University Health Care	704,288	719,348	704,288	15,060	2.1%
UL Hospitals	279,540	285,595	279,540	6,055	2.2%
National Childrens Hospital	251,701	256,122	251,701	4,421	1.8%
Regional & National Services	32,650	39,716	32,650	7,066	21.6%
<b>Total</b>	<b>4,384,999</b>	<b>4,440,983</b>	<b>4,384,999</b>	<b>55,983</b>	<b>1.3%</b>

For 2016 the Acute Hospital Division (AHD) has a deficit of €55.9m or 1.3%. The deficit is driven by a shortfall in achieving stretched income targets and €13m overspend on the 2015 waiting list initiative.

This outturn is an improvement on expectations and whilst this is encouraging the deficit is significant and similar challenges to those experienced in 2016 will remain in 2017.

Of the seven Hospital Groups (HG), South/South West achieved a balanced financial position. Two groups represent 54% of the total AHD final 2016 deficit. These groups are Dublin Midlands €15.3m and Saolta University €15.0m.

## Social Care - Older Persons

Social Care Older Persons	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	80,644	79,723	80,644	(921)	-1.1%
CHO 2	72,562	73,728	72,562	1,167	1.6%
CHO 3	64,946	64,691	64,946	(255)	-0.4%
CHO 4	121,018	120,397	121,018	(621)	-0.5%
CHO 5	67,206	67,648	67,206	442	0.7%
CHO 6	59,595	60,155	59,595	560	0.9%
CHO 7	89,882	90,350	89,882	468	0.5%
CHO 8	63,781	63,161	63,781	(619)	-1.0%
CHO 9	97,757	97,844	97,757	87	0.1%
Regional & National	36,108	30,287	36,108	(5,822)	-16.1%
<b>Subtotal</b>	<b>753,498</b>	<b>747,984</b>	<b>753,498</b>	<b>(5,514)</b>	<b>-0.7%</b>
NHSS	908,370	888,955	908,370	(19,415)	-2.1%
<b>Overall Total</b>	<b>1,661,868</b>	<b>1,636,940</b>	<b>1,661,868</b>	<b>(24,928)</b>	<b>-1.5%</b>

For 2016, Older Persons (including NHSS) had expenditure of €1.637bn against a budget of €1.662bn leading to a surplus of €24.9m (1.5%).

Managing the year on year growth in demand for community-based social services has been one of the key challenges for Older Persons services in 2016. To that end a total of €30m was provided to Older Persons as part of the additional funding provided by Government in July 2016. The year-end outturn is broadly in line with expectations with the surplus mainly attributable to time related savings which will not be available next year.

The surplus arising within the Nursing Home Support Scheme (NHSS/Fair Deal) is reflective of a lower than anticipated number of clients in receipt of support than was originally forecast.

## Social Care - Disability Services

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	115,889	119,504	115,889	3,615	3.1%
CHO 2	155,973	159,782	155,973	3,809	2.4%
CHO 3	144,017	145,989	144,017	1,972	1.4%
CHO 4	205,540	207,631	205,540	2,091	1.0%
CHO 5	152,904	156,074	152,904	3,170	2.1%
CHO 6	225,508	226,010	225,508	502	0.2%
CHO 7	163,469	166,717	163,469	3,248	2.0%
CHO 8	190,664	194,856	190,664	4,192	2.2%
CHO 9	258,043	261,567	258,043	3,524	1.4%
Regional & National	17,992	11,123	17,992	(6,869)	-38.2%
<b>Total</b>	<b>1,629,998</b>	<b>1,649,254</b>	<b>1,629,998</b>	<b>19,256</b>	<b>1.2%</b>

For 2016, Disability Services had expenditure of €1.649bn against a budget of €1.630bn leading to a deficit of €19.3m, representing 1.2% of budget.

The deficit has been driven primarily by increasing demand for additional/emergency residential placements, significant cost pressures in relation to overnight residential staff and the environmental and additional agency costs incurred to address compliance with regulatory standards. Whilst there has been significant investment in disability services in 2016 to support the full year cost of approved compliance work and emergency placements, a significant multi-annual investment programme over the coming years is still required to put these services on a sustainable financial footing

## Mental Health

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	66,845	67,865	66,845	1,020	1.5%
CHO 2	93,217	99,112	93,217	5,895	6.3%
CHO 3	59,724	61,996	59,724	2,271	3.8%
CHO 4	105,989	108,545	105,989	2,556	2.4%
CHO 5	91,403	92,720	91,403	1,317	1.4%
CHO 6	53,453	55,324	53,453	1,871	3.5%
CHO 7	74,857	78,105	74,857	3,249	4.3%
CHO 8	84,093	89,061	84,093	4,968	5.9%
CHO 9	105,291	105,154	105,291	(136)	-0.1%
Regional & National	72,700	45,987	72,700	(26,712)	-36.7%
<b>Total</b>	<b>807,571</b>	<b>803,870</b>	<b>807,571</b>	<b>(3,702)</b>	<b>-0.5%</b>

The Mental Health Division spent €803.9m in 2016 against a budget of €807.6m, representing a surplus of €3.7m, or 0.5% of the Mental Health budget. The division's surplus is in line with its projection.

Cost pressures in 2016, such as Nursing and Medical Agency and the increasing costs of Private Placements, were balanced substantially by savings arising from the difficulty in hiring some new / replacement posts.

Through these once-off savings it was also possible to fund additional investment in service infrastructure, and, with the co-operation and of the Social Care and Acute Division, to fund a number of once-off initiatives designed to support migration towards person centred models of care.

Recruitment and retention programmes will continue to be prioritised to maximise the delivery of Mental Health services in 2017. It is unlikely therefore that the same level of once-off savings will be available in future years

## Primary Care Division

Primary Care Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	89,098	92,468	89,098	3,370	3.8%
CHO 2	94,748	98,281	94,748	3,533	3.7%
CHO 3	74,714	77,069	74,714	2,356	3.2%
CHO 4	123,152	125,843	123,152	2,691	2.2%
CHO 5	86,405	87,915	86,405	1,510	1.7%
CHO 6	58,956	60,040	58,956	1,085	1.8%
CHO 7	151,669	149,629	151,669	(2,039)	-1.3%
CHO 8	120,075	122,472	120,075	2,398	2.0%
CHO 9	122,035	127,052	122,035	5,016	4.1%
Regional	13,585	14,925	13,585	1,340	9.9%
National	51,450	27,146	51,450	(24,305)	-47.2%
Corporate Community	8,331	10,113	8,331	1,782	21.4%
<b>Sub Total - Primary Care</b>	<b>994,217</b>	<b>992,954</b>	<b>994,217</b>	<b>(1,264)</b>	<b>-0.1%</b>
PCRS	2,545,449	2,512,849	2,545,449	(32,600)	-1.3%
DLS	247,684	246,430	247,684	(1,254)	-0.5%
<b>Sub Total PCRS &amp; DLS</b>	<b>2,793,133</b>	<b>2,759,279</b>	<b>2,793,132</b>	<b>(33,854)</b>	<b>-1.2%</b>
<b>Total Primary Care Division</b>	<b>3,787,350</b>	<b>3,752,232</b>	<b>3,787,349</b>	<b>(35,117)</b>	<b>-0.9%</b>

The Primary Care Division (PCD) spent €3.752bn versus a budget of €3.787bn in 2016, leading to a surplus of €35.1m, or 0.9% of PCD budget.

Core operational services within Primary Care, Social Inclusion and Palliative Care delivered a small surplus of €1.3m (0.1%) - essentially breakeven for the financial year and broadly in line with expectations.

Key cost pressures experienced during the year were pay and staffing costs in addition to expenditure on medical surgical supplies. Other key cost drivers include paediatric home care packages and the on-going running costs of primary care centres. Some time related savings were

available to PCD once-off during 2016 which helped to offset pressures in these areas. However, these savings will not be available in 2017.

Commentary on the Primary Care Reimbursement Service and Demand Led Local Schemes is provided later in this document.

## Health & Wellbeing

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000	€000	€000	€000	€000
Total	195,494	184,223	195,494	(11,271)	-5.8%

The overall outturn for the Health & Wellbeing Division for 2016 was €184.2m against a budget of €195.5m giving a favourable variance of €11.3m, representing 5.8% of budget.

This surplus was fully anticipated and it has come about as a result of two key factors. Firstly, a lower than expected uptake in screening programmes offered by the Division resulted in lower than anticipated costs in respect of those services. Secondly, time related savings accrued within the Division arising from a difficulty in hiring clinical posts during 2016.

It is anticipated that these once-off savings will not be available in 2017 as programmes gain momentum and ramp up to capacity and recruitment campaigns accelerate during the financial year.

## Pay and Staffing Framework

As part of its measures to prioritise efforts around strengthening payroll controls the HSE's pay bill management & control framework was introduced throughout the system in 2016. This framework had as an overriding requirement that Divisions and CHOs operate within notified pay budgets. In 2016 these funded workforce plans included a realistic forecast of pay and staffing levels before remedial actions and also outline plans to bring pay in line with available budget. This represented

part of a wider effort to mitigate the continuing annual growth in health and social care costs. The 2017 pay framework will build on the significant work that has been completed in 2016 to provide Divisions with a realistic pay resource within which they will be required to manage in 2017 and beyond.

## Demand Led Services: PCRS & DLS / State Claims (SCA) and Pensions

1. The PCRS budget for 2016 was framed by reference to a series of working assumptions with associated expenditure being especially difficult to predict. The final outturn of €32.6m surplus is in line with revised projections for this area. The surplus reflects higher than expected IPHA savings and better performance against the PCRS probity targets.
2. Pension costs incurred within the HSE and HSE-funded agencies (Section 38) are determined by individuals' service and their eligibility under the relevant public pension scheme as provided for in relevant legislation. The deficit is slightly lower than anticipated as a result of better income performance in the voluntary sector as well as lower than expected lump sum payments and retirements in the final quarter of 2016.
3. The SCA has recorded a breakeven position. The variance is inclusive of a €31m once-off virement from the DoH Vote in December 2016.
4. The Treatment Abroad Scheme (TAS) relates to the provision of clinically urgent care and treatment abroad and the legislation which underpins it does not facilitate the operation of the scheme within any particular cash limit. The Cross Border Directive scheme is similar in this latter respect. An additional €5m was provided in respect of overseas treatment from within the additional funding received from Government. As a result of higher than expected expenditure on overseas treatment in the final quarter the TAS returned a small deficit of €2.3m. As with other demand-led services it is difficult to predict expenditure or activity patterns into the future with full accuracy.



## Capital Expenditure

Allocation / Expenditure Analysis							
	Total Allocation (Profile) for Year	Cum Allocation (Profile) for Period - Jan - Dec	Expenditure for Period Jan - Dec	Variance for Period Jan - Dec	Expenditure in Jan - Dec as a % of Allocation	Expenditure in Jan - Dec as a % of 2016 Total Allocation	Variance as % of Allocation Jan - Dec 2016
L2(1)**	311.220	311.220	328.299	17.079	105.49%	105.49%	5.49%
L2(2)	40.000	40.000	30.637	(9.363)	76.59%	76.59%	-23.41%
L3	2.539	2.539	0.000	(2.539)	0.00%	0.00%	-100.00%
	353.759	353.759	358.936	5.177	101.46%	101.46%	1.46%
L4**	52.241	52.241	52.241	0.000	100.00%	100.00%	0.00%
	406.000	406.000	411.177	5.177	101.28%	101.28%	1.28%
A In A	5.177	5.177	0.000	(5.177)	0.00%	0.00%	-100.00%
Net	411.177	411.177	411.177	0.000	100.00%	100.00%	0.00%

\*\* This includes the Vire of funding in the amount of € 2,759,065 from L4 (ICT) to L2(1) Construction

### CONSTRUCTION - L2(1)

Variance on construction projects under this subhead for 2016 was 105.49% (or €17.079m) ahead of total profile.

### CONSTRUCTION - L2(2) - (New Childrens Hospital)

Expenditure in 2016 was €30.637m. This is approximately 76% of the profile for the full year which corresponds to an under spend of €9.363m.

### ICT (L4)

Variance on ICT projects for 2016 was actually €2.759m under profile for 2016. However, this shortfall was vired to construction thereby leaving a zero variation in the analysis above.

### Summary:

Profiles for 2016 totalling €406m were matched by corresponding expenditure of €411.177m – the excess spend of €5.177m was covered by equivalent external funds received.



## Human Resources

# Human Resources

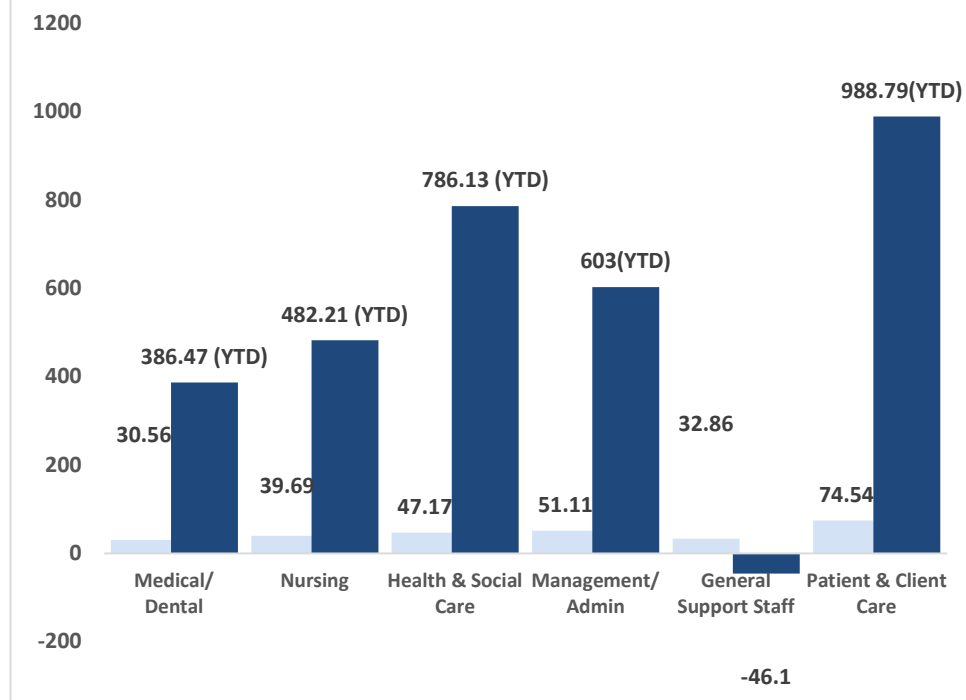
## Workforce Position

Division	WTE Dec 2015	WTE Nov 2016	WTE Dec 2016	change since Dec 2015	change since Nov 2016	% change since Dec 2015	% change since Nov 2016
<b>Total Health Service Staffing</b>	<b>103,884</b>	<b>106,809</b>	<b>107,085</b>	<b>+3,201</b>	<b>+276</b>	<b>+3.1%</b>	<b>+0.3%</b>
Acute Services	52,555	53,954	54,145	+1,590	+191	+3.0%	+0.4%
Mental Health	9,491	9,576	9,594	+103	+18	+1.1%	+0.2%
Primary Care	10,376	10,526	10,540	+164	+14	+1.6%	+0.1%
<i>Disabilities</i>	<i>16,020</i>	<i>17,034</i>	<i>17,061</i>	<i>+1,042</i>	<i>+27</i>	<i>+6.5%</i>	<i>+0.2%</i>
<i>Older People</i>	<i>9,682</i>	<i>9,751</i>	<i>9,743</i>	<i>+60</i>	<i>-8</i>	<i>+0.6%</i>	<i>-0.1%</i>
Social Care	25,702	26,785	26,804	+1,102	+18	+4.3%	+0.1%
Health & Wellbeing	1,317	1,379	1,378	+61	-1	+4.7%	-0.1%
Ambulance Services	1,709	1,733	1,744	+35	+11	+2.1%	+0.6%
Corporate & HBS	2,735	2,855	2,879	+144	+24	+5.3%	+0.8%

## Overview by staff group

Staff Group	WTE Dec 2015	WTE Nov 2016	WTE Dec 2016	change since Dec 2015	change since Nov 2016	% change since Dec 2015	% change since Nov 2016
<b>Total Health Service Staffing</b>	<b>103,884</b>	<b>106,809</b>	<b>107,085</b>	<b>+3,201</b>	<b>+276</b>	<b>+3.1%</b>	<b>+0.3%</b>
Consultants	2,724	2,845	2,862	+137	+16	+5.1%	+0.6%
NCHDs	5,814	6,046	6,060	+246	+14	+4.2%	+0.2%
Medical other	798	801	801	+3	+0	+0.4%	+0.0%
Nurse Manager	6,947	7,243	7,279	+332	+36	+4.8%	+0.5%
Nurse Specialist	1,475	1,569	1,579	+104	+10	+7.0%	+0.6%
Staff Nurse	24,749	24,699	24,768	+19	+69	+0.1%	+0.3%
Public Health Nurse	1,501	1,496	1,499	-2	+3	-0.1%	+0.2%
Nursing Student	387	483	405	+19	-78	+4.8%	-16.2%
Nursing other	295	305	305	+10	+0	+3.5%	+0.2%
Occupational Therapists	1,403	1,472	1,475	+72	+3	+5.1%	+0.2%
Physiotherapists	1,691	1,733	1,729	+38	-3	+2.3%	-0.2%
Speech & Language Therapists	907	1,020	1,030	+123	+10	+13.5%	+1.0%
Therapists (OT, Physio, SLT)	4,002	4,224	4,234	+233	+10	+5.8%	+0.2%
HSCP other	10,576	11,092	11,130	+554	+37	+5.2%	+0.3%
Management	1,327	1,424	1,445	+118	+21	+8.9%	+1.5%
Clerical & Administrative	14,837	15,291	15,322	+485	+30	+3.3%	+0.2%
Ambulance	1,601	1,631	1,640	+39	+10	+2.5%	+0.6%
Care	17,359	18,244	18,308	+949	+65	+5.5%	+0.4%
Support	9,494	9,415	9,448	-46	+33	-0.5%	+0.4%

### Staff Category Change month-on-month & YTD



### Absence Rates

	Target	November 2015	Full Year 2015	Previous Month	November 2016	YTD 2016	% Medically Certified (November 2016)
Absence Rates	3.5%	4.3%	4.2%	4.5%	4.7%	4.5%	87%

### Latest monthly figures (2016)

2008	2009	2010	2011	2012	2013	2014	2015
5.4%	5.5%	4.6%	5.0%	4.7%	4.6%	4.1%	4.3%

### Annual Rate for 2015 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time, albeit some reversal this year, but still well below earlier years' overall rates.
- November 2016 absence rate stands at **4.7%**, and is up when compared with a rate of **4.3%** for November 2015.
- The 2016 YTD rate is **4.5%** and is up when compared with same period YTD to November 2015 at **4.3%**. The 2015 full-year rate is **4.2%** and is the lowest on record since annual reporting on a health sector-wide basis commenced in 2008. It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
- Latest NHS England absence rates for May 2016 recorded an overall rate of 3.84%, an increase from the previous year of 3.09%. Scotland's NHS absence rate for 2015/2016 was 5.16% while in Wales the rate recorded to November 2016 was 4.8%
- Of course it needs to be recognised that health sectors' workforce, both here and across Britain, is extremely diverse in terms of occupation and skills when compared with many other public and private sector employers. For instance health sector work is often physically and psychologically demanding, which increases the risk of illness and injury and of course is one of few sectors that operate 24 hours services, for 365 days a year.
- Annual rates; 2008 – 5.76%, 2009 – 5.05%, 2010 – 4.70%, 2011 – 4.90%, 2012 – 4.79%, 2013 – 4.73%, 2014 – 4.27% and 2015 – 4.21%.

The notional/opportunity cost of Absence for the health services for 2015, using DPER methodology, was assessed as being of the order of €181 million

## EWTD

The data deals with 5,603 NCHDs – approximately 100% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in December 2014 from the same group of hospitals and agencies was 5,002, in December 2015 it was 5,314

- Compliance with a maximum 48 hour week is at 82% as of end December – unchanged from November
- Compliance with 30 minute breaks is at 99% - unchanged from November
- Compliance with weekly / fortnightly rest is at 99% - unchanged from November
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 97% - up 1% from November
- Compliance with a daily 11 hour rest period is at 98% - unchanged from November. This is closely linked to the 24 hour shift compliance above.

When December 2016 is compared to December 2015 the following is the position:

- Compliance with a maximum 48 hour week is at 82% as of end 2016 – up 5% from end 2015
- Compliance with 30 minute breaks is at 99% - unchanged from end 2015
- Compliance with weekly / fortnightly rest is at 99% - unchanged from end 2015
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 97% - up 1% from end 2015
- Compliance with a daily 11 hour rest period is at 98% - up 2% from end 2015.

## No of calls that were received by the National Health and Safety Helpdesk

Q4 2016	Oct	Nov	Dec	Total
No of Helpdesk Queries	131	105	71	307

## Escalation Report



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

National Performance Oversight Group

# Escalation Report

**Level 3 Red**

**Level 4 Black**

## NPOG February 2017

(December 2016 Reporting Cycle)

Version 1.0

16<sup>th</sup> February 2017

# Escalation summary

## 1.Areas of Level 4 Escalation Black (DG oversight)

No.	Area of escalation	Division
1	Patients waiting in ED > 24 hours	Acute Hospitals
2	% of people waiting > 13 weeks for a routine colonoscopy/OGD	Acute Hospitals
3	Financial Position: Projected net expenditure to year end	Acute Hospitals
4	Financial Position: Pay control acute hospitals	Acute Hospitals

## 2.Areas of Level 3 Escalation RED (NPOG oversight)

No.	Area of escalation	Division
1	Cancer Services (Prostate, Lung and Breast)	Acute Hospitals
2	Radiotherapy – treatment within 15 working days	Acute Hospitals
3	Urgent Colonoscopy - % of people waiting < 4 weeks	Acute Hospitals
4	Number of Delayed Discharges over 90 days	Acute Hospitals and Social Care
5	Waiting > 18 months for an elective procedure / Waiting >18 months for an OPD appointment	Acute Hospitals
6	Ambulance Turnaround Times	Acute Hospitals
7	Serious Reportable Events (SREs)	Acute Hospitals
8	Disability Act Compliance	Social Care
9	Occupational Therapy – Assessment Waiting list ≤ 52 weeks	Primary Care
10	Financial Position: Projected net expenditure to year end	Social Care (Disabilities)

i	Register: Areas deescalated from NPOG oversight	
ii	Register: Log of changes to services in escalation table	
iii	Register: Completed escalation actions	

## Services in Escalation

Service	Accountable Officer	Escalation Area	Level
Ireland East Hospital Group (Accountable Officer – Mary Day CEO)			
Mater Hospital	Gordon Dunne	ED > 24 hours	Black
		Prostate Cancer within 20 days	Red
Midland Regional Hospital Mullingar	Shona Schneeman	ED > 24 hours	Black
St Luke's Hospital Kilkenny	Ann Slattery	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. Vincent's Hospital	Michael Keane	ED > 24 hours	Black
		Prostate Cancer within 20 days	Red
Wexford General Hospital	Lily Byrnes	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Our Lady's Hospital Navan	Ken Fitzgibbon	Urgent Colonoscopy	Red
St Columcille's Hospital	Hilary Flynn	Urgent Colonoscopy	Red
Dublin Midlands Hospital Group (Accountable Officer – Susan O'Reilly CEO)			
Midland Regional Hospital Portlaoise	Michael Knowles	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Midland Regional Hospital Tullamore	Orlagh Claffey	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Naas General Hospital	Alice Kinsella	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. James's Hospital	Lorcan Birthistle	ED > 24 hours	Black
		Prostate Cancer within 20 days	Red
		Breast Cancer within 2 weeks	Red
		Routine Colonoscopy>13 weeks	Black
Tallaght Hospital	David Slevin	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
RCSI Hospital Group (Accountable Officer – Ian Carter CEO)			
Beaumont Hospital	Ian Carter	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Lung Cancer within 10 working days	Red
James Connolly Hospital	Margaret Boland	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Louth County Hospital	Catriona Crowley	Routine Colonoscopy > 13 weeks	Black
Our Lady of Lourdes Hospital Drogheda	Catriona Crowley	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Cavan General Hospital	Evelyn Hall	ED > 24 hours	Black
South/South West Hospital Group (Accountable Officer – Gerry O'Dwyer CEO)			
Cork University Hospital	Tony McNamara	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red
		Radiotherapy within 15 working days	Red
		Breast Cancer within 2 weeks	Red
Mercy University Hospital Cork	Sandra Daly	ED > 24 hours	Black



Service	Accountable Officer	Escalation Area	Level
South Tipperary General Hospital	Maria Barry	ED > 24 hours	Black
University Hospital Kerry	Maria Godley	ED > 24 hours	Black
University Hospital Waterford	Richie Dooley	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
University of Limerick Hospital Group (Accountable Officer – Collette Cowan CEO)			
University Hospital, Limerick	Colette Cowan	ED > 24 hours	Black
		Finance	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red
Saolta Hospital Group (Accountable Officer – Maurice Power CEO)			
Galway University Hospitals	Chris Kane	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Letterkenny General Hospital	Sean Murphy	Breast Cancer within 2 weeks	Red
		ED > 24 hours	Black
		Urgent Colonoscopy	Red
Mayo General Hospital	Catherine Donohoe	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Sligo Regional Hospital	Grainne McCann	ED > 24 hours	Black
		Finance	Black
Roscommon Hospital	Elaine Prendergast	Routine Colonoscopy > 13 weeks	Black
Childrens Hospital Group (Accountable Officer – Eilish Hardiman CEO)			
Children's University Hospital Temple Street	Mona Baker	Routine Colonoscopy > 13 weeks	Black
		ED > 24 hours	Black
National Children's Hospital at Tallaght Hospital	David Slevin	Routine Colonoscopy > 13 weeks	Black
Our Lady's Children's Hospital Crumlin	Helen Shortt	ED > 24 hours	Black

CHO 1 (Accountable Officer – John Hayes)			
Primary Care	John Hayes	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
CHO 4 (Accountable Officer – Ger Reaney)			
Primary Care	Ger Reaney	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
Social Care	Ger Reaney	Disability Act Compliance	Red
CHO 5 (Accountable Officer – Aileen Colley )			
Primary Care	Aileen Colley	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
CHO 8 (Accountable Officer – Pat Bennett)			
Primary Care	Pat Bennett	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
CHO 9 (Accountable Officer – Gerry O'Neill)			
Social Care	Gerry O'Neill	Disability Act Compliance	Red
Social Care (Accountable Officer – Pat Healy)			
Social Care (Disabilities)	Pat Healy	Finance	Red

# Areas of Black Escalation (DG oversight)

## ED: Patients waiting in ED > 24 hours and people over 75 years

Division	Date first escalated	Last date escalated/ deescalated	Escalation level
Acute Hospitals	May 2015		

### Reason for escalation

Data reported show continuing variation in performance below what is acceptable.

Remains in Black Escalation and is a focus of the ED Task Force which is co-chaired by Director General.

### Current reported performance (December 2016)

	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
<b>Total</b>	4,696	3,931	3,949	3,326	2,664	2,077	2,452	2,404	2,980	3,479	3,761	3,548
<b>&gt;75 years</b>	1,499	1,214	1,236	1,020	762	543	669	629	810	985	1,099	1,155

ED activity is 5.4% ahead of expected activity YTD (69,241 people)

NPOG Agreed actions		Responsible	Date agreed	Due date	Status
<b>1</b>	A number of actions to address the >24 hour target in ED have been set out in the Winter Initiative Plan 2016/17. Implementation of the Plan and the status of associated actions will be monitored by NPOG.	ND AHD/ ND SC	08.06.16	On-going	<sup>1</sup> See note below
<b>2</b>	Further analysis of the continued growth in ED activity to be commissioned and report to be provided to NPOG. The ND AHD has also been requested to provide firm timelines for completion of this work.	ND AHD	07.09.16	05.10.16 Due 08.03.17	<sup>2</sup> See note below
<b>3</b>	A Special meeting of NPOG will be convened to review current Emergency Department performance (AHD/SDU).	Chair NPOG	11.01.17	31.01.17	Complete

### Note (11/01/17)

<sup>1</sup> A number of escalation actions agreed with NPOG are now comprehended within the Winter Initiative Plan for 2016/17. This work is ongoing.

<sup>2</sup> Status report provided to NPOG January meeting. Review to be completed by 08.03.17

# Routine Colonoscopy: % of people waiting > 13 weeks

<b>Division</b> Acute Hospitals	<b>Date first escalated</b> March 2015	<b>Last date escalated/ deescalated</b> September 2015 (Red to Black)	<b>Escalation level</b>  Level 4
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## Reason for escalation

The large number of patients waiting greater than 13 weeks for a routine colonoscopy/ OGD.

## Current Description of performance (December 2016)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Total</b>	16,390	17,119	18,579	19,416	19,424	19,850	19,761	18,281	17,984	17,249	16,577	17,401
<b>&gt;13 w</b>	7,484	7,720	8,539	8,963	9,295	9,632	10,324	9,316	8,967	8,124	7,152	7,306

The Routine Colonoscopy Initiative was approved on 20<sup>th</sup> July 2016 with 5,701 patients on waiting list > 12 months. The waiting list has reduced to 11 at 30<sup>th</sup> December 2016.

NPOG Agreed actions		Responsible	Date agreed	Due date	Status
<b>1</b>	Demand Capacity analysis to be undertaken and report presented to NPOG	ND AHD	03.02.16	06.04.16 ( <i>Extended 05.10.16</i> )	<sup>1</sup> See note below
<b>2</b>	The impact of the BowelScreen Programme to be considered as part of the Demand Capacity analysis.	ND AHD	07.09.16	06.12.16	<sup>1</sup> See note below
<b>3</b>	Informed by the Demand Capacity analysis, an Improvement Plan for endoscopy services to be developed and presented to NPOG.	ND AHD	07.09.16	06.12.16	<sup>1</sup> See note below
<b>4</b>	The timeframes for the consolidated Improvement Plan to be provided to NPOG.	ND AHD	06.12.16	11.01.17	<sup>1</sup> See note below

## Note( 08.02.17)

<sup>1</sup> Dr Chris Steele, National Lead for Endoscopy attended the February NPOG meeting and provided the current update on the Demand Capacity analysis. The additional work required to conclude this analysis and documentation of actions in the Improvement Plan will be completed and presented at April NPOG meeting.

# Financial position: Projected net expenditure to year end

Division	Date first escalated	Last date escalated	Escalation level
Acute Hospitals	February 2016	4 <sup>th</sup> May 2016 (NPOG)	Level 4

## Reason for escalation

Given the risks to financial performance within acute hospitals this has been escalated to Level 4 (Black). This means it will be the subject of direct DG oversight.

## Current Description of performance (December 2016)

	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance	Current Month Actual €'000	Current Month Budget €'000	Current Month Variance €'000	Current Month % Variance
Jan	363,477	342,000	21,47	6.28%				
Feb	673,855	772,660	48,806	7.24%	359,183	331,854	27,328	8.24%
Mar	1,099,445	1,017,615	81,829	8.04%	376,785	343,761	33,024	9.61%
Apr	1,466,767	1,354,622	112,145	8.28%	367,323	337,007	30,316	9.00%
May	1,852,597	1,700,063	152,534	8.97%	385,830	345,441	40,389	11.69%
June	2,218,278	2,203,562	14,715	0.67%	365,680	503,499	(137,819)	(-27.37%)
July	2,587,693	2,570,511	17,182	0.67%	369,416	366,949	2,467	0.67%
Aug	2,957,137	2,929,697	27,441	0.94%	369,444	359,186	10,258	2.86%
Sept	3,322,066	3,285,939	36,127	1.10%	364,929	356,242	8,687	2.44%
Oct	3,686,764	3,628,269	58,495	1.61%	364,698	342,330	22,368	6.53%
Nov	4,051,388	3,992,426	58,962	1.48%	364,623	364,157	467	0.13%
Dec	4,440,983	4,384,999	55,983	1.28%	389,595	392,574	(2,979)	-0.76%

Note: The current month and YTD budget figures for July to October are based on the YTD maximum expenditure limits notified for the Hospital Groups

NPOG Agreed actions		Responsible	Date agreed	Due date	Status
1	National Director for Acute Hospitals to provide an update to NPOG in relation to particular areas of financial challenge.	ND AH	03.02.16	Monthly	
2	Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.	ND AHD	04.05.16	Ongoing	<sup>1</sup> See note below
3	The delivery plan for the Cost Management Groups and savings targeted for 2017 to be developed.	ND AHD	06.11.16	11.01.17 <i>Extension to 05.04.17</i>	<sup>2</sup> see note below

## Note (08.02.17)

<sup>1</sup>The National Director AHD confirmed that while the UL Hospital Group remains in escalation the performance notice has been withdrawn. Tallaght Hospital performance notice remains in place.

<sup>2</sup>Profile for cost savings to be incorporated into AHD/ HG Financial Plans due 31.01.17 and more detailed plans to be available for review by NPOG by 05.04.17.

## Pay control: Acute Hospitals

Division		Date first escalated	Last date escalated	Reference	Escalation level
Acute Hospitals		April 2016	20 <sup>th</sup> April 2016	NE1/4/16	Level 4
<p>Reason for escalation</p> <p>Interim pay control measures were introduced from the 1<sup>st</sup> February 2016. The NPOG has determined together with the ND AHD that interim control measures have not been applied effectively across a number of hospitals. Following the NPOG meeting risks in relation to pay costs in the Acute Hospital system were considered to be such a significant risk that the Director General escalated these concerns to Level 4 Escalation (Black).</p>					
<p>Current Description of performance (December 2016)</p> <p>(See Finance Report for December 2016).</p>					
Director General/ NPOG Agreed actions		Responsible	Date agreed	Due date	Status
1	Meetings involving the AHD and HG will be held with the CEOs/ GMs of the hospitals in escalation	ND AHD	06.03.16	Ongoing	
2	The ongoing role of the Task Force in 2017 to be agreed.	ND AHD	06.12.16	11.01.17 <b>Overdue</b>	<sup>1</sup> See note below

### Note

#### Task Force

<sup>1</sup> A meeting of the Task Force is to be convened to agree proposals for organisation of the Task Force in 2017. NPOG will be provided with an update at its March meeting.

# Areas of Level 3 Red Escalation

## General: Cancer Services (Prostate, Lung, Breast and Radiotherapy)

### General note:

The performance of specific cancer services (**Prostate, Lung, Breast and radiotherapy**) and delivery units has been the subject of focused scrutiny at NPOG in 2016. Because of the persistence and breadth of the issues involved, the NPOG has requested that a formal diagnostic assessment be undertaken and improvement plan developed in the areas outlined below.

NPOG Agreed actions		Responsible	Date agreed	Due date	Status
1	A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG	ND CCP/ ND AHD	06.04.16	04.05.16  <i>Extension to 02.11.16</i>	<sup>1</sup> See Note below
2	The Chair of NPOG will write to the National Director Acute Hospital Division seeking a report in relation to the management of cancer services in CUH and in particular what management actions have been and are being taken in relation to performance across Prostate, Lung, Breast and radiotherapy.	Chair NPOG	07.11.16	06.12.16	<sup>2</sup> See Note below
3	A formal performance meeting focussing solely on cancer services in CUH to determine the management actions being taken by the Group in response to this escalation will be held between the ND AHD and Group CEO SSW Hospital Group.	ND AHD	06.12.16	11.01.17	Complete

### Note

<sup>1</sup> NPOG reviewed the NCCP Rapid Access Clinics Performance Review and Improvement Plan. Some additional information to be included in the Plan was requested.

<sup>2</sup> The NDs AHD and NCCP reported on the meeting held on 30th January 2017. A written update is to be provided by the ND NCCP.

## Prostate Cancer: Patients to be seen within 20 working days

<b>Division</b>	<b>Date first escalated</b>	<b>Last date escalated/ deescalated</b>	<b>Escalation level</b>
Acute Hospitals	July 2015	March 2016 Deescalated Black to Red	<b>Level 3</b>

### Reason for escalation

Escalated due to low and variable performance at a number of Rapid Access Clinics.

### Current Description of performance (December 2016)

	National	CUH	WRH	UL	SJH	Beaumont	Mater	Vincent's
<b>Jan</b>	64.2%	33.3%	53.3%	14.3%	0.0%	27.3%	64.9%	100.0%
<b>Feb</b>	53.0%	25.0%	1.6%	20.0%	60.0%	60.0%	80.8%	95.8%
<b>Mar</b>	64.7%	5.3%	33.3%	11.1%	95.2%	28.6%	88.9%	100.0%
<b>Apr</b>	35.7%	6.3%	0%	31.6%	36.4%	15.8%	19.5%	97.3%
<b>May</b>	55.4%	14.8%	13.8%	12.0%	33.3%	40.0%	82.8%	100.0%
<b>June</b>	43.1%	21.1%	14.8%	0%	0%	57.4%	68.2%	100.0%
<b>July</b>	61.1%	16.7%	28.6%	15.0%	10.3%	80.0%	97.1%	90.0%
<b>Aug</b>	49.8%	7.7%	9.1%	16.7%	21.6%	100.0%	92.9%	3.6%
<b>Sept</b>	61.6%	0%	20.0%	15.6%	41.7%	95.8%	80.8%	34.6%
<b>Oct</b>	49.5%	0%	17.4%	4.5%	69.2%	100.0%	41.2%	21.4%
<b>Nov</b>	46.7%	4.8%	19.5%	5.3%	36.6%	95.7%	27.6%	28.0%
<b>Dec</b>	65.1%	0.0%	26.3%	28.0%	30.4%	100.0%	72.2%	88.9%

## Lung Service: Patients to be seen within 10 working days

Division	Date first escalated	Last date escalated/ deescalated	Escalation level
Acute Hospitals	May 2015		Level 3

### Reason for escalation

Escalated due to low and variable performance at a number of services.

### Current Description of performance (December 2016)

	National	Beaumont	CUH	UL	GUH
Jan	88.5%	79.4%	97.0%	52.9%	93.2%
Feb	83.0%	88.6%	62.8%	56.3%	82.0%
Mar	81.3%	96.6%	44.4%	38.6%	96.7%
Apr	77.8%	97.3%	15.6%	55.2%	92.9%
May	80.8%	100.0%	13.3%	68.6%	89.4%
June	76.7%	77.5%	17.9%	55.1%	89.5%
July	79.3%	63.9%	40.0%	54.0%	100.0%
Aug	80.6%	75.8%	61.2%	52.6%	91.7%
Sept	76.0%	64.5%	48.6%	42.9%	87.1%
Oct	86.2%	80.6%	78.6%	54.1%	91.1%
Nov	84.5%	61.5%	75.0%	69.2%	90.3%
Dec	84.6%	83.3%	68.0%	51.4%	97.0%



## Breast Service: Urgent patients to be seen within two weeks

Division	Date first escalated	Last date escalated/ deescalated	Escalation level
Acute Hospitals	July 2016		Level 3

### Reason for escalation

Escalated as performance in St James Hospital and Cork University Hospital is cause for concern.

### Current Description of performance (December 2016)

	National		CUH		SJH		Letterkenny	
	Urgent	Non Urgent	Urgent	Non Urgent	Urgent	Non Urgent	Urgent	Non Urgent
Apr	84.4%	81.3%	92.1%	57.1%	27.9%	79.3%	41.1%	78.3%
May	76.7%	75.4%	49.2%	53.4%	25.6%	42.6%	13.8%	62.5%
June	82.8%	72.9%	51.8%	62.3%	44.5%	40.2%	61.1%	53.0%
July	89.2%	67.1%	97.2%	69.9%	23.1%	27.6%	97.8%	8.0%
Aug	84.4%	59.7%	28.8%	63.8%	65.8%	19.4%	100.0%	4.6%
Sept	86.9%	61.5%	27.7%	61.4%	99.6%	12.3%	84.1%	61.2%
Oct	91.1%	65.4%	52.7%	70.5%	99.0%	27.7%	100.0%	50.0%
Nov	90.1%	64.6%	66.2%	60.8%	80.5%	36.1%	64.3%	68.4%
Dec	78.1%	76.3%	56.5%	86.0%	22.1%	36.8%	35.5%	68.2%

## Radiotherapy: Treatment commenced within 15 working days

Division	Date first escalated	Last date escalated/ deescalated	Escalation level
Acute Hospitals	September 2016		Level 3

### Reason for escalation

Escalated as performance in Cork has been below 75% for more than three consecutive months.

### Current Description of performance (December 2016)

	National	Cork
Apr	88.1%	72.6%
May	85.9%	72.5%
June	84.4%	70.0%
July	83.4%	73.4%
Aug	84.0%	87.2%
Sept	78.6%	67.4%
Oct	79.1%	55.7%
Nov	77.8%	58.8%
Dec	76.3%	75.3%

## Urgent Colonoscopy: Numbers waiting > 4 weeks

<b>Division</b> Acute Hospitals	<b>Date first escalated</b> March 2015	<b>Last date escalated/ deescalated</b>	<b>Escalation level</b>
			Level 3

Reason for escalation

Escalated due to ongoing breaches for urgent colonoscopies which have a 'zero tolerance' target

Current Description of performance (December 2016)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Total breaches</b>	15	20	15	54	24	24	8	9	0	0	5	34
<b>Total new pts breaches</b>	13	3	12	51	20	19	6	9	0	0	5	34

September was the first month since June 2015 where no breaches were reported.

NPOG Agreed actions		Responsible	Date agreed	Due date	Status
<b>1</b>	NDAH, NDNCCP and NDCSP to review report on the 2015 breaches and update NPOG if further action is required.	ND AHD	07.09.16	05.10.16 <span style="color: red;">Outstanding</span>	Ongoing
<b>2</b>	Report on 2016 breaches to be prepared and provided to NPOG meeting in April.	ND AHD	11.01.17	05.04.17	

**Note:**

This area of escalation is to be read in conjunction with the Level 4 (Black) Escalation in relation to Routine Colonoscopy waiting times.

## Delayed Discharges Number over 90 days

Division		Date first escalated		Last date escalated/ deescalated		Escalation level						
Acute Hospitals and Social Care		June 2015				Level 3						
Reason for escalation												
Escalated due to the target for Delayed Discharges > 90 days being breached												
Current Description of performance (December 2016)												
Progress is being made on reduction of delayed discharges > 90 days to 94 in December.												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Total	559	556	592	617	595	630	608	638	629	602	525	436
> 90 Days	114	100	83	95	114	109	122	120	123	127	104	94
NPOG Agreed actions						Responsible	Date agreed	Due date	Status			
1	A number of actions to address Delayed Discharges have been set out in the Winter Initiative Plan 2016/17. Implementation of the Plan and the status of associated actions will be monitored by NPOG.					ND AHD ND SC	05.10.16	31.12.16	1See note below			

### Note:

<sup>1</sup>A number of escalation actions previously agreed have now been incorporated into the Winter Initiative Plan 2016/17. The implementation of the Winter Initiative Plan will be monitored by NPOG.

## Waiting Lists: > 18 months Inpatient & Day Case/ Outpatient

Division	Date first escalated	Last date escalated/ deescalated	Escalation level
Acute Hospitals	October 2015		Level 3

### Reason for escalation

Escalated due to focus on reducing > 18 months waiting list and potential impact of number coming through >15 months figures. (The Minister has set a target of 50% reduction in >18 month waiting lists for Inpatient and Day case by the end of Dec 2016 (13,319 cases). Reduction to 1,738 on inpatient/day case waiting list > 18 months at 30<sup>th</sup> December 2016 (significant reduction at GUH to 1,062 and waiting list > 36 months cleared).

### Current Description of performance (December 2016)

IPDC	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
> 15 months	2,115	3,079	4,296	4,603	5,416	6,579	7,397	8,242	8,956	9,122	7,810	5,931
> 18 months	847	1,015	1,214	1,567	2,263	3,038	3,488	4,143	4,659	4,949	4,001	1,738
OPD	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
> 15 months	13,763	17,693	20,267	23,956	30,095	34,674	39,103	43,382	46,878	48,808	51,328	53,334
> 18 months	5,635	5,918	6,114	8,570	13,095	15,149	18,496	22,309	24,994	26,796	29,478	31,485

NPOG Agreed actions		Responsible	Date agreed	Due date	Status
1	A Waiting List Plan for 2016 has been agreed. Implementation of the Plan and the status of associated actions will be monitored by NPOG.	ND AHD	05.10.16	31.12.16	Complete
2	Assessment of drivers of outpatient referrals by specialty and hospital to be provided to NPOG.	ND AH	08.02.17	08.03.17	

## Ambulance Turnaround Times [NEW]

<b>Division</b>	<b>Date first escalated</b>	<b>Last date escalated/ deescalated</b>	<b>Escalation level</b>
Acute Hospitals	08.02.17		Level 3

### Reason for escalation

Pressures within Emergency Departments have contributed to the delays in turnaround times. This however is having an impact on the number of ambulances available for further calls.

### Current Description of performance

Turnaround Times	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16
3-4 hours	15	9	4	6	8	7	7	13	27
4-5 hours	2	0	0	1	0	0	1	2	5
5 - 6 hours	0	0	0	0	0	0	1	0	1
> 3 hours	17	9	5	7	8	7	9	15	33

NPOG Agreed actions		Responsible	Date agreed	Due date	Status
1	AHD to prepare a proposal for an improvement initiative that will include a formal performance diagnostic.	ND AHD	08.02.17	TBC	
2	ND AHD requested to review the current governance arrangements for improving ambulance turnaround times.	ND AHD	08.02.17	TBC	

## Serious Reportable Events (SREs)

<b>Division</b> Acute Hospitals		<b>Date first escalated</b> 03.03.15	<b>Last date escalated/ deescalated</b> April 2016 (Black to Red)		<b>Escalation level</b>  Level 3
Reason for escalation  Escalated due to continued requirement to improve reporting levels across acute hospitals.					
Current Description of performance  SREs continue to be the subject of NPOG oversight.					
<b>NPOG Agreed actions</b>			<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>  <b>Status</b>
1	Update report to be provided to NPOG on a monthly basis on progress in rolling out SRE reporting process.		ND AHD	06.04.16	Monthly  <sup>1</sup> Ongoing

**Note:**

<sup>1</sup>NPOG noted correspondence to the National Directors in relation to governance arrangements required where a decision is taken that a Systems Analysis Investigation is not required.

## Disability Act: Compliance

Division	Date first escalated	Last date escalated/ deescalated		Escalation level				
Social Care	August 2015			Level 3				
Reason for escalation								
Escalated based on continued underperformance.								
Current Description of performance (December 2016)								
	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016
%	39%	31%	33%	23%	19.6%	19.7%	30.9%	25.1%
NPOG Agreed actions					Responsible	Date agreed	Due date	Status
1	Implementation plan to be developed and provided to NPOG.				ND SC	04.05.16  07.09.16	03.08.16  <i>Extension to 05.11.16</i>	<sup>1</sup> See note below
2	Implementation Plan will be expanded to include Disability Act Compliance and Establishment of Disability Network Teams.				ND SC	02.11.16	04.01.17	<sup>1</sup> See note below  Outstanding

### Note 11.01.17:

<sup>1</sup> Update on the Implementation Plan (Disability Act Compliance and Network Teams) presented by National Director Social Care and reviewed by NPOG. A specialist Implementation Team is being put in place at National level that will be responsible for completing the overall Plan and supporting its implementation

# Occupational Therapy: Assessment Waiting List ≤ 52 weeks

Division Primary Care	Date first escalated July 2016	Last date escalated/ deescalated				Escalation level Level 3	
Reason for escalation Escalated based on continued poor performance (Q3 target 95%, year-end target 100%).							
Current Description of performance (December 2016)							
	National	CHO 4	CHO 5	CHO 8	CHO 1		
Mar	82.3%	69.9%	80.0%	76.2%			
Apr	82.9%	71.4%	78.9%	76.8%			
May	82.4%	71.6%	78.3%	76.7%			
June	81.4%	69.2%	77.8%	76.3%			
July	81.0%	69.1%	77.3%	76.9%			
Aug	80.9%	72.5%	76.3%	76.7%			
Sept	80.8%	72.8%	77.2%	74.7%			
Oct	80.3%	69.3%	76.8%	74.0%	82.9%		
Nov	79.7%	70.1%	76.9%	73.7%	79.7%		
Dec	80.4%	69.9%	76.4%	76.4%	78.7%		
NPOG Agreed actions				Responsible	Date agreed	Due date	Status
1	Action plan for service improvement and timelines for its implementation to be completed and provided to NPOG.			ND PC	07.09.16	05.10.16  Extended to 05.04.17	



## Financial position: Social Care (Disabilities)

Division		Date first escalated	Last date escalated		Escalation level	
Social Care		November 2016			Level 3	
Reason for escalation						
Given the risk to financial performance within Social Care Division (Disabilities) this has been escalated to Level 3 (Red)						
Current Description of performance (December 2016)						
		YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance	
Social Care (Disabilities)		1,649,254	1,629,998	19,256	1.18%	
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed
1	Social Care financial position will remain in Level 3 RED escalation and will be reviewed on a monthly basis by NPOG		NPOG	11.01.17	Ongoing	

## Register: Areas deescalated from NPOG

No	Area of escalation	Division	Date escalated to NPOG	Date deescalated from NPOG	Notes
1	Service Arrangements	Acute Division	September 2015	06.07.16	SA for National Maternity Hospital signed
2	Ambulance ECHO and DELTA Response Times	National Ambulance Service	February 2016	08.06.16	Complete
3	Properly completed Medical and GP Visit Cards not processed > 3 months	Primary Care	October 2016	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND PC
4	European Working Time Directive (EWTD) 48 hours	Acute Hospitals	March 2015	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND AHD
5	Projected net expenditure 2015	Social Care	2015	06.02.2016	Complete
6	Implement Electronic Health Record Solution	Chief Information Office	November 2016	09.11.2016	Remains in Level 2 (Amber) escalation under the oversight of the Chief Information Officer
7	Financial position Primary Care	Primary Care	July 2016	11.01.17	Referred to CHO 1 & 2 only. CHO 1 de-escalated in November 2016 and CHO 2 removed in January 2017.

## Appendices

## Appendix 1: Accountability Framework

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The National Performance Oversight Group seeks assurance, on behalf of the Director General, that the National Directors of the Divisions are delivering against priorities and targets set out in the Service Plan and in the Performance Agreements 2016.

The performance indicators against which Divisional performance is monitored are set out in the Balanced Score Cards grouped under Access, Quality & Safety, Finance and People. The key performance indicators are also included in the individual Performance Agreements between the Director General and the National Director.

Performance against the Balanced Scorecards is reported in the monthly published Performance Report. Where the data indicates underperformance in service delivery against targets and planned levels of activity, the National Performance Oversight Group explores this with the relevant National Director at the monthly performance meeting and seeks explanations and remedial actions where appropriate to resolve the issue.

As part of the Accountability Framework an Escalation and Intervention process has been developed and implemented. In the context of the Escalation Framework underperformance includes performance that:

- Places patients or service users at risk
- Fails to meet the required standards for that service
- Departs from what is considered normal practice

The Escalation levels are:

### Level 1 (Yellow)

**A variance emerges.** A variance from plan is identified (Escalated at the level of CHO Chief Officer/ Hospital Group CEO)

### Level 2 (Amber)

**The problem persists.** It becomes harder to fix and potentially spreads to other organizations (Escalated at the level of National Director)

### Level 3 (Red)

**The problem becomes critical.** Accountability to determine support, intervention and recommend sanctions to Director General sits with NPOG

### Level 4 (Black)

**The actions determined by NPOG do not achieve the necessary impact** and actions taken by Director General

## Appendix 2: Data Coverage Issues

Division	Metric Name	Data Coverage Issue
Primary Care	Full Occupational Therapy	CHO 9 (1 LHO)
Primary Care	Full Psychology	CHO 2 (1 LHO)
Social Inclusion	Homeless Services	CHO 8 –(1 LHO), CHO 9
Mental Health	GAMHT - % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 2 – 1 teams (June & July data)
Mental Health	GAMHT - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 2 – 1 teams (June & July data)
Mental Health	GAMHT - % of new (including re-referred) cases offered appointment and DNA in the current month	CHO 2 – 1 teams (June & July data)
Mental Health	CAMHS- % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 9 - 2 teams
Mental Health	CAMHS - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 9 - 2 teams
Mental Health	CAMHS- % of new (including re-referred) cases offered appointment and DNA in the current month	CHO 9 - 2 teams
Mental Health	Waiting list metrics	CHO 9 - 2 teams
QAV	% of complaints investigated within 30 working days of being acknowledged by the complaints office	Ireland East, RCSI, Dublin Midlands Hospital Groups

## Appendix 3: Hospital Groups

	Hospital		Hospital
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital
	Mater Misericordiae University Hospital		Midland Regional Hospital – Portlaoise
	Midland Regional Hospital - Mullingar		Midland Regional Hospital – Tullamore
	National Maternity Hospital Holles Street		Naas General Hospital
	Our Lady's Hospital - Navan		St James Hospital
	Royal Victoria Eye and Ear Hospital Dublin		Tallaght Hospital
	St. Columcille's Hospital Loughlinstown	South/ South West Hospital Group	Bantry General Hospital
	St. Luke's Hospital Kilkenny		Cork University Hospital
	St Michael's Hospital Dun Laoghaire		Kerry General Hospital
	St Vincent's University Hospital Elm Park		Lourdes Orthopaedic Hospital Kilcreene
	Wexford General Hospital		Mallow General Hospital
			Mercy University Hospital Cork
RCSI Hospital Group	Beaumont Hospital including St Josephs		South Tipperary General Hospital
	Cavan General Hospital		South Infirmary University Hospital Cork
	Connolly Hospital		Waterford Regional Hospital
	Our Lady of Lourdes Hospital Drogheda	Saoita Hospital Group	Galway University Hospitals
	Rotunda Hospital		Letterkenny General Hospital
University of Limerick Hospital Group	Croom Hospital		Portiuncula Hospital General & Maternity Ballinasloe
	Ennis Hospital		Mayo General Hospital
	Nenagh Hospital		Roscommon County Hospital
	St John's Hospital		Sligo General Hospital
	University Hospital, Limerick		
	University Maternity Hospital		
Children's Hospital Group	Children's University Hospital Temple Street		
	Our Lady's Hospital for Sick Children Crumlin		
	National Children's Hospital, Tallaght		

## Appendix 4: Community Health Organisations

	Areas included CHO's		Areas included CHO's
CHO 1	Cavan	CHO 6	Dublin South East
	Monaghan		Dun Laoghaire
	Donegal		Wicklow
	Sligo	CHO 7	Dublin South City
	Leitrim		Dublin West
CHO 2	Galway		Dublin South West
	Roscommon		Kildare
	Mayo		West Wicklow
CHO 3	Clare	CHO 8	Laois
	Limerick		Offaly
	North Tipperary		Longford
	East Limerick		Westmeath
CHO 4	North Cork		Louth
	North Lee		Meath
	South Lee	CHO 9	Dublin North Central
	West Cork		Dublin North West
	Kerry		Dublin North
CHO 5	Waterford		
	Wexford		
	Carlow		
	Kilkenny		
	Tipperary South		